

How to get in (and get out) of medical school.

Or

I went to Medical School and all I got was this
manifesto

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Preface to the Foreward

Releasing this book for public consumption was not an easy decision. I am a very private person and this book is one of the most personal things I have ever written.

This book will be the entirety of my online presence. I don't have a twitter or any social media. No blog, no youtube channel. Whenever somebody googles my name, this book will be the only thing that comes up. If I were curating my ideal public image, this book would never see the light of day.

At one point, I even removed all personally identifying information, as the plan was to post/publish this anonymously. I added most of it back in shortly after removal. It didn't feel right to dump it without putting my name on it.

I can't even guess at what the response will be. How many people will read it? What will they think? In the end, I would rather risk an unfavorable response than let this book sit on my hard drive until it's lost to time.

So please be kind and consider the state of mind I was in when I wrote the chapters that follow. This is not the book I would write if I sat down today to tell my story.

Everything here (except this part and the epilogue) was written when I was a freshly expelled medical student. I thought about updating the book, maybe peppering in my perspective now that time has passed. However, I feel like any attempt to polish the book may end up destroying the authenticity of what I wrote back in 2018-2019.

Before posting this online, I did go back and remove anything that might be considered libel. This means you are missing out on some hot takes about the person who was Dean of the Medical School when I started. He was a colorful character who lasted less than 2 months before his immediate and unexplained departure was announced. I also removed some spicy rumors about decisions DMU makes regarding opportunities for its students' academic remediation. (My immediate and extended family lives in Des Moines. Multiple family members and acquaintances also work in the medical field. I hear things.)

I also removed all the chapter titles. They were all song lyrics which I thought reflected the content of each chapter, but I can't find a good answer online on the legality of using them in this way.

There were some stories I wanted to tell that just didn't fit in. The body donor my group was assigned for Anatomy lab was a court reporter in Des Moines. My sister was an attorney in Des Moines and I spent time socially with some of her coworkers. Long story short, my sister knew my body donor before he died and I briefly dated the daughter of my body donor's coworker in 2015.

During second semester, I stopped drinking caffeine and alcohol, and started going to the gym regularly. It didn't help anything.

I had a 5 foot tall lime tree in my apartment that I repotted a couple of times during the school year. The temperature in my apartment fluctuated wildly (the heat was intermittent) so I built a little shelter next to the window in my living room with an electric heater to

keep the temperature warm enough for the tropical tree.

I started refurbishing electronics I bought off Craigslist during second semester. A couple examples: I bought an apple //c, meticulously pulled off every keyboard key and polished each one by hand. I picked up an overheating PS3, delidded the CPU to replace the thermal paste, replaced the disc drive, and scrubbed every inch of the outside. I never had any sense of accomplishment or progress in Medical School and working on projects like this gave me the feeling of progress I did not find in the coursework.

Etc.

This is not the book I would write if I sat down today and tried to tell my story again. I don't think I would even write a book about it at this point, 6 years later.

The following story is not perfect. I don't know how sympathetic or relatable the main character is. This story has only been read by three people up to this point, all family members. The book was edited based on their feedback, but it otherwise unpolished.

This story was never intended to be damage control to make myself look better nor is it intended to be an indictment of medicine. It's a book about dealing with the loss associated with getting kicked out of medical school and anger surrounding the feeling having something taken from me, even if that thing was never much of a prize in the first place.

Foreward

I failed out of Medical School. I don't want that to be a secret and I didn't want to bury that fact at the end of this book.

I failed two classes my second semester of Medical School and was promptly given the boot.

Great. That's out of the way.

If you're one of my classmates or anybody I've talked to in real life, I probably told you that I dropped out. That was a lie. Partly to save face, partly because saying I failed out doesn't tell the whole story. I hated Medical School from day one. Even before officially getting shit-canned by my school, I thought about what I would tell people about my experience. I worried that getting kicked out would invalidate anything negative I had to say about the school year. I felt that the only way people would take my dissatisfaction seriously was if they thought leaving Medical School was my choice.

Though I failed in Medical School, I also believe my school failed me. So many bad things happened and I wanted everybody to understand. That's why I lied about getting kicked out and that's why I wrote this book.

I didn't deserve to be in Medical School. Nobody *deserves* to be in Medical School. Being in Medical School is not a right. This book is not some rant-filled manifesto about how I was wronged by my university and how DMU should take me back.

This book is about my time in Medical School and the process of being dismissed. I can't promise that it's rant-free, but I can promise that it's not a some tantrum that got out of hand.

During the school year, I lost my faith in Doctors and the value of Medical Education. I didn't see the point of learning the material. In the end, I failed because I didn't study. It was nobody's fault but my own.

Writing has always been an outlet for me. Since high school, I have kept various text files on my computer and random blogs where I process things that have happened. All previous journals lasted a few weeks before being deleted. After Medical School, it was a little different.

After being dismissed, I started typing. Furiously at first, more calmly after that. I wrote multi-page angry rants directed at various administrators at DMU. Sending them was never the intention, it was just a place to vent. I felt like DMU screwed me over and I was angry.

I don't know how many times sat down at my computer and ranted into a word document, but it was a few weeks before I started reviewing my writing. As I went back through and re-read the 10 or so pages saved on my computer, I still found things that happened at DMU that didn't sit right with me. There were oddities and concerns that needed an explanation. Writing wasn't helping me accept what happened, it made me more certain of how awful my experience was.

I went back and edited what I had written when I was angry. When I removed all the swearing, I was pleased with what I wrote. It wasn't perfect and there was no plot (yet), but it told the stories about Medical School that I wanted people to hear.

I kept writing, editing, and cleaning up, eventually letting other people read drafts.

As I continued writing, I found some good stories emerging. Things I wish somebody told me before starting med school. Things most people don't know about medical education.

This book is the result of that work. From the depressed rantings of a med school failure I was able to construct an honest and frank telling of my time at DMU.

After over a year of working, I had something I was proud of.

You can see this book however you want. Maybe it's the desperate rantings of someone who was too stupid to succeed in medical school, or the sour grapes of somebody who had their dream destroyed.

I hope you see it as I intended: a complete-ish look at the fucked up roller coaster ride that was my first and only year of Medical School.

Chapter 1 -

In the time both before and during Medical School, I was struck by how little people knew about medical education. I had to explain over and over again just how many years I was going to spend in the classroom, how many I was going to spend in the hospital, and the number of licensing exams I would have to take. It's not a simple process and it's not very well advertised how many hoops there are on the path to becoming a doctor.

The process was a big mystery to everyone. Even my own family members who have jobs in the medical field didn't know how it worked. My grandmother, who worked as a nurse for 30ish years, wasn't sure of the specifics.

It's astounding that people don't know how their caretakers are trained and licensed. I'm guilty of the same thing. Before I started considering medical school, I didn't know anything about doctors. All I knew was what I learned from Scrubs.

In some ways, this is completely reasonable. You don't ask your mechanic about his training, you just expect him to fix your car. Your car is either fixed or not, you were charged a reasonable amount or not.

In other ways, it's unacceptable. In these days of rising health care costs and diminishing patient satisfaction, we need to evaluate our medical education system. When the average person has no clue what is involved with training a doctor, we can't have a meaningful conversation about the value of healthcare.

Just getting into Medical School was an absurd process. Many students who start out as 'premeds' end up choosing a different career because they can't meet all the requirements. Some student spend four years

preparing, which I can't even imagine. I started preparing for medical school two years before I applied. Any more prep time and my nerves would be completely shot before even stepping foot in medical school.

Prep for Medical School typically starts in your late teens. During the admissions process, you will have to undergo a background check. Medical Schools hate to see anything pop up. If you get caught smoking weed in high school and get convicted as an adult, you will not get to be a doctor. Even if you get into Medical School, the DEA is never going to allow you to prescribe narcotics. A conviction of any sort is going to make admission very unlikely.

I guess I was lucky that I wasn't a rebel when I was younger. DMU asked me to explain a speeding ticket I received a couple years before applying, but my record is otherwise clean. That's the first hurdle. Don't make any mistakes when you're young and you should be fine.

Second, you have to focus on your college GPA. Every year, the GPA requirements of Medical School increase. Check out the current stats of incoming medical students at the school of your choice (which many medical school have of their websites) and shoot for a little higher than that. You must never do poorly in any classes. Some Medical Schools will forgive poor grades early on in college, but those grades will still be factored into your GPA and will haunt you forever.

My grades were the worst part of my application. I didn't know I was going to apply to medical school until two years before submitting my application. I spent years not worrying about grades and my

transcripts reflected that. I didn't have any Fs on my transcript, but there were enough Bs and Cs that my GPA was on the far low end for accepted students.

I was very lucky in that I applied to DO schools when I did. Back then, Osteopathic Schools tried to reward reinvention and give people who hadn't led perfect lives a chance to become doctors. To that end, I was able to cancel out a bad grade in a class if I retook the class and did better. I improved my GPA immensely by retaking old classes in addition to my required courses. Without grade replacement I would never have made it into medical school.

That said, DO schools actually decided that my class was going to be the last one that got to replace grades. All future students would have their grades averaged. For example, if you failed a class when you were a freshman, then retook it as a senior and got an A, it would count as a C when calculating your GPA. It might not seem like a huge change, but it makes a big impact if you have multiple retakes on your transcript. If I had waited a year to apply, I would never have been offered a seat with the new policy in place. My GPA would have been too low.

The choice to end grade replacement does not directly benefit patients. It simply makes medical school that much harder to get into. I often felt in medical school that I was not being trained to fix people, I was being initiated into a club. The things I was learning and the absurd way in which it was presented didn't seem focused on making me better able to care for patients. To me, it seemed like the whole point was to make it as difficult and taxing as possible to keep the barrier for entry high. It's not about the patients, it's

about keeping the old boys club exclusive. Ending grade replacement is a large step toward that goal.

Next you have to focus on the MCAT, or Medical College Admission Test. This test has nothing to do with medicine or assessing your medical knowledge. Its purpose is to test your ability to do well on standardized tests (more on those later). Be warned that Medical Schools can see every score from every attempt at this test. If you do poorly, it will harm your chances at getting in, even if you retake it and do better later.

Taking the MCAT was an interesting experience. When the exam was developed, it was meant to make sure you had learned everything important in undergrad. Over time, it morphed into a big exam to see how well you handled learning large amounts of information. Prep courses are the norm and you are considered stupid if you don't spend at least 3 months studying.

There are a few options when preparing for the MCAT. You can pay thousands of dollars for a prep course from a test prep company, you can buy a set of books meant to prepare you for the MCAT, or you can use free resources online to prepare.

I didn't want to take a prep course, so I bought a set of prep books off Amazon and spent a summer studying. There were 5 books covering each major section of the MCAT. I also used the 64 page guide published by the AAMC, who administers the MCAT, that was just a list of every topic that might show up on the test.

I scheduled my MCAT for late August 2015. That gave me a little over 3 months to prepare. I lived with my parents for that summer and helped out around the

house along side my studying. I always wanted to brag to my classmates that I was probably the only student who reroofed a house while studying for the MCAT. Sadly, nobody talks about the MCAT once they're in medical school. There are have bigger fish to fry.

Despite my best efforts, I never found a good way to study for the MCAT. It isn't a particularly focused or organized test. It cover such a broad range of topics that multiple strategies are needed. I tried a bunch of things, but there was no magic bullet. All I can say is I hated studying for it and I'm glad I never have to take another test like it.

Additionally, the AAMC put out very little of their own study material. The MCAT was revamped in 2015 and none of the prep material had caught up yet when I was studying in the Summer of 2015. When I was studying for the test, the AAMC had a single practice test on their site and no other study material. I was using books written by some random company. I had no way of telling if the books were even teaching me the right topics. It was frustrating.

I never took a full length exam or any sort of diagnostic before I sat for the real exam. The resources just weren't there yet for the new exam.

Actually, taking the test itself wasn't so bad. There are four sections, Biology, Chemistry, Reading, and Psychology. You get a couple hours to complete each section. You have to complete them in order and you can't go back once you've finished a section.

I took my test in a little office park on the edge of town. Before being allowed into the testing room, my ID was scanned, my photo was taken, and I had to walk through a metal detector. (The process repeated each

time I left the room) The proctor gave me a notebook and two pencils with specific instruction that I should not tear any pages out of the notebook.

The proctor walked me into a computer lab with dividers between each computer. He showed me my computer and told me to get started. There were about 30 of us there to take the test and he walked each person in individually.

I ended up finishing the test over an hour early. I went with my gut on each question and didn't second guess myself. Afterward, I just sat in my car in the parking lot. Scores wouldn't be posted for a month so I just had to wait. It felt strange to have nothing to do. Luckily (or unluckily) my next semester classes started at ISU just a few days afterward to take my mind off things.

30 days later, I received an email that my score was available. I frantically logged into the site and downloaded the PDF. I got a 506, which was 2 points higher than the average score for most of the schools I wanted to apply to. It was extremely exciting. When studying for the MCAT, there's no indication of how well you're doing. To get that one email telling me that I studied well and spent the summer productively was exhilarating.

That lasted for a few days until I realized there were still other hoops to jump through before I could get into medical school. It was like somebody saying, "Congratulations! You're about half way to Medical School". Partly invigorating, partly disheartening.

Another critical factor is the degree to which you successfully sucked up to professors in undergrad. Vital

to your Med School application are two letters of recommendation from your professors. I was fortunate to have professors who took an interest in my progress. I knocked this requirement out with a couple quick emails. There are many students who are not so lucky.

The next requirement overlaps with what are known as 'unofficial requirements'. These are completely unofficial and are not found on any list of requirements and don't appear on the application, but are mandatory if you hope to get into medical school.

Your application to medical school will ask for a letter or recommendation from a doctor. Unless you happen to have a family friend who is a doctor, you need to form a professional relationship with one. Best way to do this is through 'shadowing'.

While Medical Schools generally don't mention shadowing, it is absolutely mandatory for admission. It just involves following a doctor around for a day or two to see what they do. The reasoning, from what I hear, is that it's the only way to really know what it's like to be a doctor. (I'm not sure this actually helps people decide whether they actually want to be a doctor, or if Medical Schools just love to make applicants jump through hoops.)

Again, I was fortunate here. With so many family members working in the medical field, I easily found doctors to shadow. This is a deal-breaker for some students, but I didn't have to worry about it.

So now you have your letters, you've done your shadowing, and you have your test scores.

The last thing you need to collect is life experience. You need to be well-rounded, culturally aware, and compassionate. You also need to do it in a way that is unique, but also exactly what the admission board is looking for.

During all of this, there's very little time to consider whether or not you actually want to be a doctor. Trying to check all the boxes on the application is an all-consuming task. I didn't have time for introspection during all that. I decided I wanted to be a doctor, and immediately had to start working as fast as I could to make up for lost time.

Once I had collected all my various bits and piece of paperwork and experience, it was time to fill out the application. The application opens in June... for the school year starting 14 months later. It's really not that bad. All the heavy lifting is over, now you just need to condense your life into a bunch of boxes for review by strangers.

The most difficult part of the application is the personal statement. You have 5000 characters to justify why you deserve to be a doctor more than that thousands of other people that are applying.

When I first started my application, I thought this would be the hardest part. If you look online, there are dozens (if not hundreds) of posts by applicants who are struggling to write their statements.

In the end, my personal statement came together quickly. If you haven't guessed by now, writing about myself is something that I could literally fill a book with. After a few false starts, I sat down and spent a couple

hours writing my essay. By that evening, I had something workable and I was able to perfect it in the next couple of days.

Here's what I ended up with:

I was somewhere near the end of my 6th year of undergrad when I finally realized that something needed to change. For 6 long years I had been taking classes, studying, and preparing for tests. Yet, I was still two years away from any sort of degree and, more importantly, I had never found a career path I actually wanted to pursue. I didn't like my classes and the idea of locking myself into any major filled me with dread. My parents were suggesting I take a break from school and try a job with a paper hat as part of the uniform. While I liked certain aspects of each of my (many, many) discarded majors, and although none of them felt like something I wanted to do for the rest of my life, I was certain that I was not going to find any relevant answers mopping up grease in the back of a burger joint.

Feeling very lost, I sat down and made a list. I listed every major I had pursued, every job I had held, and what I liked about them.

I knew that there was a career out there that was right for me. I just needed to find it.

Of all the items on my list, one stood out. It was the time I had spent working as a standardized patient for ATLS. When I compared it to my other experiences, I realized how much more I enjoyed it than anything else I had done. I loved seeing what the physicians did and learning about medicine. It was by far the most enjoyable job I had held.

I considered my previous career choices.

I decided to study plant biology because I like plants. While taking these classes, I found that I did not like plant biology, but I loved human biology.

I studied to become a Spanish interpreter because I like working with people. I wanted to be out in the community helping people and making a difference.

My primary drive for taking Linux system administration classes was how much I liked being presented with a problem and working to fix it. This was exactly the same thing that was so satisfying about ATLS. The physicians were given a set of symptoms and methodically worked to stabilize the patient.

Once I started thinking about a career in medicine and what it meant to be a physician, many different parts of my life clicked into place:

The decision to pursue a medical degree was not an easy one. Given my academic success up to that point, I wasn't even sure I could handle the coursework. I changed my study habits and found resources to help me. In the end, I found that being successful in science classes was not impossible for me, but required me to be more committed and work harder than I ever had before. It was very gratifying to do well in difficult classes.

Beyond the academics, I wanted to be sure that being in a clinical setting was something that was right for me. I did not feel like working toward a career in medicine was another false start, but I wanted to confirm it, insofar as I could. I started volunteering at a hospital and eventually moved into a part-time position where I was directly working with patients. While it is taxing at times, I absolutely love the work. Being in the hospital actually drove me to work even harder in my

classes. It also clarified why I wanted to become a physician. Working with the patients and learning about their conditions gives me a sense of satisfaction unlike any other job I have ever had, or any other course of study I ever considered pursuing. It is fulfilling in way that the idea of being an interpreter never was.

I also enjoyed my time as a researcher in the ISU Biorenewables lab. This was a surprise, given my purely mixed feelings about my undergrad lab courses. Once I started working in the lab, it was nothing like being a student in a lab class. I had the chance to choose my own course of inquiry. I spent months working on a single project and I never grew tired of it. It was a level of problem solving that surpassed anything I ever did in a Linux class.

I started off with a few interests that all felt incomplete. In the end, these 3 disparate passions have combined into one greater goal. From Biology, I discovered learning about how the body works on many different levels was something I never grew tired of doing. From Spanish interpretation, I realized that I like working with and helping people. With Linux, I uncovered my love of methodically working to solve a problem. In the years since I chose those paths, I have nurtured the qualities and interests that each one revealed and it has shown me something that I want to do for the rest of my life.

So you've filled out the application, condensed your life into a 5000 character essay, and you're ready to submit. It's time to break out the credit card.

The first medical school you apply to will cost \$195 dollars. Each additional medical school cost just about a quarter of that. This fee just covers what is called the “Primary application”. All it does is provide your information to the medical school.

Schools collect your information and send out “Secondary Applications”. These are supplemental forms that usually ask for some personal information, then ask you to write two to three essays about yourself. To submit the Secondary, it’s going to cost a little extra to a lot extra, depending on the size of the school’s ego. It used to be that schools would only send secondary applications to applicants that they actually might consider. These days, secondary applications go to everyone. It seems as though they are now used as a revenue stream. When researching schools, I didn’t hear about a single one that screened applicants before sending out the secondary. Everybody who submits a primary application receives a secondary. I’ve even heard it called an ‘idiot tax’. If you’re too stupid to know a school won’t accept you, you deserve to lose the money on the secondary application.

Once you are broke and drained, you have to wait. You will hear back from schools in as little as a month, although you may never hear from them again. Some schools will take your money and never speak to you again.

If you’re lucky, you will get a coveted Interview Invitation, or “II”. This means the school actually wants to talk to you. At this point, you have about a 33% chance of getting in- closer than most people will ever be to becoming a doctor.

When I applied, I only applied to schools that were less than a ten hour drive away. I don't like flying and it's expensive. A school that was less than 10 hours away meant I could drive to the interview and, if accepted, make the drive from school to home in a single day for breaks and such.

The interview days were pretty similar between all the schools I visited.

Schools show you around their campus and give you presentations about why you should waste your life at their school. It's long and not particularly informative.

At the end of the day, you actually sit down with professors and other school bigwigs who ask you all the standard interview questions. Honestly, there were no curveballs or any particularly insightful questions asked during my interviews. If you've read any interview prep book, you've seen all the questions you'll be asked in an interview.

'Tell me about a time when you had to resolve conflict in a group.'

'Why do you want to be a doctor?'

'Can you account for your whereabouts on the night of October 7th, 2011?'

Standard stuff.

Then, you're free to go.

I received an Interview Invite from DMU in early September. I scheduled the interview for as soon as possible.

On the day of my interview, I got up early and drove in to Des Moines. I was almost late because I couldn't figure out how to tie my tie correctly. After

finding a video on youtube to teach me how to tie my tie, I made it to campus with what felt like seconds to spare. It ended up not mattering, since they made us wait in the lobby for 10 minutes or so after the scheduled start time to collect us.

The day was uneventful. First thing DMU did was explain to us how loans worked and how we could make sure our loans would be paid out correctly. Start with the most important thing first, I guess. The very first question they asked us was if we knew our credit score. I was the only one who didn't.

Then, we met with the Interim Dean, Dr. Ripley. He asked us what we were looking for in a Medical School. We went around the room and he wrote each thing we said on the board. I told him I was most concerned with student satisfaction, and he said he'd never heard that one before. As I would come to learn, nobody as DMU had ever heard of student satisfaction.

After that, we were split up into groups based on interview time. Each group was sent off with a first year Medical Student for lunch and a tour. The tour lasted about 30 minutes and was just a quick run through the handful of buildings on campus.

We then ate lunch at the little cafeteria and made our way to the chairs outside the study rooms being using for the interviews.

I was interviewed by Dr. Benzoni, who would become my advisor, a biochemistry professor who left the school before I started, and 3 students.

DMU's interview was the most stressful because it was the school I most wanted to attend.

I was asked why I wanted to be a doctor, describe a time when I had to deal with conflict within a team, why I should be admitted to DMU, etc.

There was no time limit on the interviews. My interview was over in less than 30 minutes, while a girl in my group spend nearly an hour in the interview room.

Once the interview was over, we were free to go home.

Less than a week after my interview, I received an email telling me I was placed on the wait list. I wasn't upset, which should have been a red flag for me. When I read that I was wait-listed, the first thing I felt was relief. Everyone talks about how Medical School is terrible. (I have had more than one doctor tell me it isn't worth it.) Being waitlisted meant I was going to be spared the pain of Med School.

I started working on a Plan B, which involved a Master's program at my old university. My application was never submitted, because one professor who repeatedly told me he would write a Letter of Recommendation stopped responding to my emails.

I would end up not needed that Plan B. I was accepted to a newer Medical School (ARCOM) in December 2016.

On May 22nd, DMU called me and left a voicemail telling me to call back right away. I returned their call immediately. I spoke with an admissions officer who told me DMU was prepared to offer me a seat in the upcoming class. I had 48 hours to pay the \$1000 to reserve my seat; almost exactly what I had saved from my job at the hospital.

I paid my money to DMU less than an hour later, told ARCOM I wasn't coming, and secured my fate.

DMU actually ran through their entire waitlist before school started. Just two months before classes began, they started sending out interview invites again. This looks very bad for a school, especially one as concerned with image as a Medical School. There must be something wrong with you if you can't fill your Medical School class. This sentiment was reflected by applicants on the Student Doctor forums. Applicants wanted to know what was going on that nobody wanted to go to DMU.

(Hopefully I will be able to shed some light on that.)

Once Medical School starts, things speed up a little.

The first two years of Medical School are spent in the classroom. During the first two years, you will sit through a blur of endless lectures and exams. During first semester at DMU, we had over 20 exams. During second semester, we have more than 30 exams-- about 2 per week for the entire semester.

Once you finish the classroom work, you have to worry about Boards. Boards are a huge deal. It's a days long exam that tests you on everything you were supposed to learn during the first two years of Medical School. Think of it as a big final exam.

Schools publish their board passage rate and work very hard to protect this number. At DMU, students were forced to take a practice exam near the end of second year. If you didn't do well enough on the

practice exam, you would be expelled from DMU. That's how important this published board passage rate is for schools.

Even if you do pass this practice test, you only get three tries at the real thing. If you can't pass it in three tries, you will get expelled from your Medical School.

Assuming you actually pass boards, you will be given a score. This score determines what residencies you can apply to. A high score means you can probably do whatever you want. A low score means you have to take whatever somebody is willing to give you. You can look up scores for each specialty in a document called "Charting Outcomes" online

You can aim high and apply to residencies that average higher board scores than you earned, but this comes at great risk. If you fail to match the first time, it can be almost impossible to match the next year.

"Matching" is what happens when you and a residency program both say you like each other. If you don't match (ie no residency programs want you), you will never be allowed to practice medicine. The only thing Medical School qualifies you to do is be a doctor. Once you graduate, you either practice medicine or find a job using your undergraduate degree. You can't even teach at a community college with your medical degree.

Average scores for specialties are always changing. It used to be that Anesthesia was very competitive and required great board scores. These days, Dermatology is the most competitive residency. High pay, Banker's hours, and the total absence of skin-related emergencies make it very appealing.

Starting in 2021, the first part of board is moving to a Pass/Fail grading system. I think this is a terrible choice.

The information learned in Medical School is not unique to a particular school, especially with all the commercial online resources available to med students. This means someone at Harvard Medical School is receiving essentially the same information as someone at literally any other Medical School. (Even the Medical Schools in the Caribbean!)

Right now, somebody at a Caribbean Medical School can work hard and out-perform a student at Harvard on boards. In the future, it will be impossible to say who did better.

By removing the scoring on Step 1, residency programs will have to place more emphasis on the stature and reputation of schools when making choices about candidates. There's no longer that initial score to assess which student worked harder or learned more. There are other board exams, but I remember Step 1 being the score most discussed in relation to which residency programs a student could apply for.

This makes an education at Harvard worth more than an education from, say, DMU, simply because Harvard has good name recognition.

Of course, I could be completely wrong. Maybe residency programs will start to spend time actually reviewing candidates and replace the Step 1 score with a holistic review of a candidate.

That's seems likely.

After you take your board exams, you still have two years of Medical School left. During these two

years, you spend about one month shadowing doctors in various specialties.

So even if you want to be a surgeon and you get the board scores you need for that, you have to spend two years shadowing Family Medicine physicians, Psychiatrists, OB/GYNs, and every other type of doctor. All for the low cost of 50 thousand a year (at DMU, anyway).

At the end of third year, you start applying for residency, where you will complete your training for about 1/4 of your eventual salary.

When I was in school, the 'life style' specialties were the most popular. There's an acronym 'E-ROAD' used to denote them. That Emergency Medicine, Radiology, Ophthalmology, Anesthesiology, and Dermatology. These all offer good pay and low hours. After Medical School, most students are looking for a specialty that lets them spend the least time practicing medicine for the highest pay possible.

Programs look over your application and invite you for an interview if you clear whatever unknowable set of hurdles they have set up. Interviews are shoe-horned in during third and fourth year, adding yet another stressor to an already busy time. Once the residency interviews are over, you 'rank' programs from best to worst. Likewise, programs rank candidates from best to worst. The NRMP, or National Residency Match Program, uses some magic to match programs with students.

Until Match Day rolls around, you don't know where or if you matched anywhere. This is kept a secret for some unfathomable reason.

There's a big ceremony at Medical Schools where they gather all the students and announce what everyone is going to do. It's sort of like graduation, except you're graduation to yet another training program.

It can be both a good and a bad day for some. If you get the residency you want, you're set. If you get a residency you didn't want, that's too bad. There are no do-overs in The Match. Enjoy your life because this is the only thing you will ever be allowed to do.

Residencies usually range from 3-5 years. There are some special cases where it takes longer, or you have to do a preliminary year that doesn't count to your total before you start residency. You need one of these preliminary years before starting a few particular residencies, such as Genetics or some surgical subspecialties. You may also have to do a transitional year if nobody wanted you during the match process. or because you didn't match into a real residency yet.

That's not to say it's smooth sailing after starting residency. Becoming a Doctor isn't guaranteed just because you made it this far. If you mess up or take the fall for something that went wrong, you can be dismissed from your residency. Like I said earlier, there are no do-overs. If you get dismissed from residency, that's it. You will not be a doctor.

At a minimum, that's 7-9 years from the start of Medical School to actually being a doctor.

Assuming you make it that far.

10% of Medical Students report having thoughts about suicide.

Good Luck!

Chapter 2 -

I went to Medical School for the wrong reasons. That was my biggest problem.

I love puzzles and problem solving. I love finding novel solution to complex problems. Being presented with an issue and working to resolve it is one of my favorite things to do. Medicine seemed like the hardest, highest stakes, and most rewarding place to do what I loved.

That's why I wanted to go to Medical School. I believed that a doctor considered a patient's symptoms and then formed a diagnosis and treatment based on their complete understanding of the human body. That was the job what I wanted. I didn't place any emphasis on the label I earned by completing the training.

However, my vision of Medical School as a place where absolutely everything we learned was geared toward the one goal of diagnosing and treating patients was quickly shattered. I thought every single fact would be related and connected in a massive web of information that would turn us into an unparalleled group of problem solvers.

As silly as it sounds now, I fully expected to be trained to serve as a Sherlock Holmes for health problems. As a doctor, I would be given a bunch of unrelated clues/symptoms and would figure out how they were related and how to solve/cure the problem. Getting into Medical School is not easy. I thought all the hoops I had to jump through were to prove that I was capable of solving the complex problems required to be an effective doctor. I was expecting a grueling academic and mental challenge, that would leave us with the tools to solve any problem in any situation.

I don't know the right reasons to go to Medical School; all I know is that my reasons were wrong.

The first blemishes in my vision of Medical School started at lunchtime on the first day of orientation, August 1st, 2017. Orientation was held in a giant auditorium on campus, which could seat around 400 students. As I had done with every class and event since I began my journey through higher education, I sat in the back of the room where I could go unnoticed until I had an overview of what was to come.

Just like every college orientation ever, it was a big, flashy circus. Everybody, from the Dean to the Safety Officer came out and talked to us about ... something. I can't remember what they talked about now. I probably couldn't have told you 5 minutes after the presentations ended. There was a kid sitting in front of me watching soccer videos on Youtube, but that's the only distinct memory I have from that entire morning.

One thing that I still remember was a presentation given by the Center for Teaching and Learning (CTL), which was the on campus resource for struggling students. The guy had a colorful powerpoint that covered study strategies and resources on campus. He also devoted some time to talking about cramming for tests. He showed us graphs and studies that demonstrated how effective cramming was. His take home message was that cramming should be a tool in our study arsenal. That was not a message I expected.

So, after the morning of long winded explanations and (false) enthusiasm from administrators, we were told it was time for lunch. When everybody filed out by

row and headed out the doors at the front of the room, I was at the back of the line.

For the first two days of orientation, we were required to eat in the cafeteria. We were supposed to socialize with all the other people stupid enough to attend Medical School and share our ridiculous hopes and dreams.

We all shuffled out of the auditorium and halfway across campus to a second, slightly smaller room where lunch was being served. We were funneled single-file through a set of double doors leading into the makeshift dining hall. Next to the door was a table piled high with small cardboard boxes of food. Each had a sticker indicating the type of high-grade fare contained within. Our choices were pork, beef, or vegetarian. Since all of us worked hard to get there and DMU wanted to make a good impression, the university had lunch catered from the finest restaurants in the area.

Just kidding. Even though we were all paying dearly to be there, DMU hired a catering company that was unable to provide a meal for every student. Unfortunately for me, being at the back of the line meant that I was selected as one of the students who would go hungry in the name of profit.

Upon seeing that there wasn't enough food, the ten or so students at the back of the line were told that more food would be brought in as soon as possible and that we should go ahead and take a seat.

So there I was, nervous, light-headed, and hungry, being told that my meal wouldn't be ready until whatever catering company DMU hired could bring in more meals.

On this first day, we were told to eat lunch at the table where our advisor was sitting. Each table had a paper sign in the center with the advisor's name, but my advisor was busy helping renovate a house in New York state. His wife, also an advisor at DMU, took over lunch duty for him. (I wouldn't meet my advisor face to face until about a month after school started.) I guess picking out the right faux brick for a fireplace was more important than this absurd little meet and greet.

Once at the table, all of the advisees filled out these little forms that asked about our hobbies and interest. I remember putting down I liked eating. I meant it as a sarcastic barb, but Dr. O'Shay didn't take it that way. Given my altered mental status, it maybe it wasn't as pointed as I wanted.

She went around the table asking questions about what we put down. Dr. O'Shay used to work in the hospital in Ames, the town where I did my undergrad. When she got to me, she asked what my favorite food was. I gathered my strength and told her I really liked Thai food.

She tried to have a conversation with me about her favorite Thai place in Ames. I did my best, but my blood sugar was so low I probably couldn't have found my ass with both hands tied behind my back. Trying to follow her description of where her favorite Thai place (she couldn't remember the name) was like doing a crossword puzzle while drunk.

I semi-coherently talked to my surrogate advisor and fellow advisees for about 15 minutes until my food showed up. My cold, hastily constructed food in a cardboard box. It was not ideal.

Even though the first day not the warm reception I thought it should be, the university learned from their mistakes. For lunch on the second day, there were enough meals for every student and the manager of the catering company apologized for not making enough meals on the day before.

Just kidding. The exact same thing happened. I was at the back of the line, and I didn't get my meal until close to the end of the lunch period. Luckily, I had the forethought to pack my own lunch. Fool me once, as they say. I didn't dwell on DMU's inability to provide food during those first couple days. I've dealt with enough universities to know that they cheap out on everything, but that doesn't necessarily reflect the quality of instruction.

On the third day of orientation, a representative from DMU made an announcement to the entire group of students. The university decided that crediting \$10 to the dining account of every student would be the best outcome. While I missed lunch two days in a row and DMU made a poor first impression, that \$10 really did made up for it. I could probably buy myself 3 whole cups of coffee from the campus cafeteria. Thanks, DMU.

Right after "lunch" on the first day, all the new students were ushered back to the auditorium to collect our 'free' computers to use during the school year. After finding our seats and logging onto the laptop, the rest of the day was dedicated to showing us the many, many software subscriptions DMU bought for us.

Most were standard academic fare, online reference books, quiz and flashcard sites and the like. I really started paying attention when they got to the

software actually related to practicing medicine. One program immediately caught my attention. It was an online tool called VisualDX. It's an amazing program where you could type in a list of symptoms and the generate multiple diagnoses. (Think WebMD, but way better) Not only would it give you a list of possible illnesses, it would rank them with a percent probability given the symptoms. You click on an illness and it gives you an overview of the disease, what you should look for, hallmarks for diagnosis, tests that should be ordered, how to manage the condition, how to treat the condition, treatments to avoid, other illness that need to be ruled out, as well as sample scans and lab values from patients with this disease.

I started playing around with VisualDX and slowly began to grow concerned with my choice in career. I started questioning what I believed about physicians. Maybe Doctors aren't wizards with prodigious reasoning skills. The diagnosis and treatment part of being a doctor is so simple that an app with a \$20 a month subscription fee can do a great job. It's arguable that the app does a better job because it's not limited by the doctor's knowledge of diseases or tests. What am I going to learn that can't already be done by this program?

I spent the next hour ignoring what was going on in the front of the room and just browsed VisualDx. I entered symptoms of illnesses that I had in the past, along with everything I could think of from my family and extended family. VisualDx nailed every diagnosis and called every treatment.

(Note from 2024: This was 6 years before the introduction of ChatGPT and AI. The programs are likely significantly better now.)

Going into Medical School with only a single thing driving you is a recipe for disaster. I was so fascinated by the diagnosis and creation of treatment plans that I never looked more closely at what a doctor actually does. So as soon as my one reason for being in Medical School went up in smoke, I had no secondary reason to fall back on.

Medical School sucks. Medical School is terrible. That's what every Medical Student and Physician told me before starting Medical School. The only thing that gets most people through is keeping an eye on the prize. "Work hard now, so you can be a Doctor later." is the mantra that got many of my classmates through. Unfortunately for me, I wanted to be a problem solver; I wasn't interested in the title of Doctor, nor was I interested in all the benefits that come with that title.

Instead of having some high-minded idealistic reason for putting in all that work, I had just the sort of motivation that could be easily lost.

About 6 years before starting Medical School, I was studying to be a Linux System Administrator. Linux is an operating system that runs on most web servers, controls databases, and plays a role in a huge number of other industrial applications.

In these classes, we learned how to interact with the computer from the terminal/command line. The professors weren't there to just give us a list of commands. That information is easily accessible (it's actually built into the operating system itself). The

professors were there to show us how the operating system works and how to use it.

For our homework each week, we were given possible issues with the system or some task that we needed to automate. We would code our solutions at home and save them to the class server. During class, we would display our solutions on the overhead projector and show how we solved the problem. It was an exchange of ideas and problem solving skills.

Rather than forcing us to learn a long list of commands and then parrot them back on the exam, we had to learn how to use the information in a productive way. I loved it. I didn't stay with it simply because it is not steady work. Linux was created in 1991. The people who were there at the start are still only in their 50s. They don't have much patience for young kids trying to break into the field.

When starting down the path to Medical School, I believed it was going to be like my Linux training. Once we had the basic framework, we would be given symptoms, and expected to discover the illness and treatment. Medical school was difficult, I thought, because the human body is such a complex machine and learning how to solve problems (or diagnose disease) required an exceptional understanding of the entire system.

Sitting at my computer in the big auditorium, watching VisualDX spit out diagnoses and treatments with zero effort was disheartening. The computer didn't understand the human body, it just checked symptoms against a list.

It's not possible for a computer to act as a Linux System Administrator. The problems are too complex and the solutions are too abstract.

What does it mean that a computer is able to do what I believed was a big part of a physician's job?

In that hour, my drive to succeed in Medical School was shaken. What did I really know about Medicine and the Medical field? In a clinic or hospital, does a doctor just check the symptoms he or she is hearing against an internal list of diseases? If that's the case, why does the physician have to understand anything about the human body? If drug interactions, treatment plans, and diagnoses can all be handled by a computer, where does the doctor fit in?

I didn't lose hope, but I was certainly worried. When classes started and I could begin working through the material, I thought I would recapture the drive that led me to medical school in the first place.

So my error, going into medical school, was having such a narrow focus on what I wanted to do. I placed all my motivation on this one aspect of the career. I guess I wanted to be a TV doctor. Every week they are faced with a new, unknown disease and must figure it out while working under a tight deadline. In real life, maybe most aspects of medicine doesn't require that type of problem solving skills.

I spent the years leading up to medical school reading books by diagnosticians and I created a very set image of how a doctor spends their time. When VisualDX swooped in and spoiled that aspect of the career for me, I had nothing else to go on.

Before classes even started, my biggest motivator for staying in Medical School became fear. Fear of having to find another career path. Fear of having wasted all the time and effort I spent trying to get into Medical School. Fear of having to give up what I worked so hard to get.

Chapter 2a -

(Note from 2024: The online nature of Medical School courses is probably very familiar to all University students who took classes during COVID)

Medical School lectures work a little differently from undergraduate classes.

Unlike at most undergrad programs, lecture attendance is not required in Medicine. In fact, many second year students at DMU (and many other medical students I met online) recommended skipping class.

Lectures are recorded and uploaded to the school's server. Students can download them and watch whenever they want. This lets you focus on a single subject each day instead of the hodge-podge of material that is presented live.

A 2017 survey by the AAMC found that less than half of medical students attend lecture "often". The same survey found around 20 percent of students "almost never" attend lecture.

Attendance isn't optional at every medical school, but it's pretty close to it. On the Student Doctor Forums, applicants even keep track of which schools require attendance so they can avoid applying to those schools. Statistics on the number of schools that require attendance are not widely published, but I remember there only seeing a few schools with mandatory attendance when I applied.

At the start of the year, I tried attending lecture. Sitting in class and listening to lectures was extremely beneficial in undergrad. I thought medical school would be the same.

There was only one big lecture hall on DMU's campus. This is actually pretty common in Medical Schools. Since all the students have to take the same class at the same time, there's no reason to have more than one classroom.

The lecture hall at DMU was a huge curved room with stadium seating. There was a small area down in the front of the room, with maybe 20 rows of curved tables stair-stepping their way to the back of the room.

The tables ran all the way from one end of the quarter circle to the other. If you were late to a required event and had to take an open seat in the middle of a row, you had to brush past 30 or so students to get there.

That first day of classes, I was so excited to get started. The week long orientation left me drained and exhausted. Starting lecture seemed like it was going to be the perfect thing to reinvigorate me.

I got up early and triple-checked my bag to make sure I had all my pens and notebooks. I made my way to the lecture hall and found a seat in the middle of the room. It was a big step for me to not sit in the very back. I wanted this to go well.

While there is no dress code at DMU, I wanted to dress in such a way the reflected the seriousness of what I was doing. Dressing up in 'business casual' felt more professional and gave what I was doing more gravity than just showing up in street clothes. Nobody else shared this sentiment and it was maybe a week into classes when I gave up on it. Dress pants or no, I was miserable.

It didn't take long before I realized attending lecture wasn't working. At DMU, there were at least four hours of lecture every day. Sometimes there would be an hour or two of lecture after the lunch break. I don't know how many students attended lecture. Attending a full day of classes was a gauntlet not many students tried.

After one of the earliest biochemistry lectures, a guy sitting in front of me turned around and asked me a question about the lecture. I think he wanted to clarify something about hemoglobin.

Either I had a mini-seizure when the professor was explaining that part, or I lost my focus during the fourth hour of lecture and didn't even realize it. I had no clue what he was talking about. It was as though he attended a completely different lecture than I did. I just told him I wasn't sure, quickly packed up my things, and headed back to my apartment.

That was the point when I realized sitting through one lecture in undergrad might be helpful, but sitting through four lectures in Medical School was a different beast. At the end of the day, my blood sugar was low and my eyes couldn't focus. After less than two weeks, I decided watching lectures online was the only possible way to go.

Lecture from 8am to 12pm (at the earliest) is an unwinnable marathon, even with the hour lunch break. Lectures averaged one slide a minute. On an average day, that's 240 slides worth of information.

There was no discernible pattern to the lectures schedule on most days. It could be any combination of classes. One day there would be three biochemistry

lectures and one anatomy lecture. Another, two anatomy, two histology, and Clinical Medicine

Even on test days, there would be three or four lectures. My favorites were when every lecture on a test day would be for the class in which you just had a test. Nothing prepares you for three hours of biochemistry lectures like two hours of biochemistry exam.

Every now and then, I would go to a lecture. It got me out of my apartment and helped me remember the material (or so I thought). Generally, there would be a class that only had a single lecture on a given day along with three lectures from other classes. These were the ones I liked to attend because the professor had to wrap up at the end of the hour, unlike professors teaching a three hour block.

A little later in the semester, I was watching lectures on my computer in preparation for a histology test. The professor was lecturing about the liver and I was dutifully taking notes and making flash cards. When going over a particular slide, the professor paused and made a comment about the highest Blood Alcohol Content ever recorded.

Something about that fact sounded familiar. I paused the video and tried to think where I'd heard it before. Then it struck me. Not two weeks earlier, I was actually sitting in the classroom when this lecture was being recorded.

I flipped through my notebook and found the notes I had written while in class. Somehow, it was thirty minutes into a 50 minute lecture before a single thing seemed familiar to me. In two weeks, every single thing about the lecture leaked out of my brain except for that one comment about the BAC.

After that, I gave up on attending lecture altogether. If I literally wasn't going to remember a single thing, I shouldn't waste my time sitting in class. I don't know if that was the right decision to make, but it was the decision that kept me sane.

Most students who don't attend lecture watch lectures at home on fast forward. Usually something around 1.5-2x speed. Since lectures are just lists of facts, the goal is to get through the list as fast as possible. I was skeptical at first, but found it to be the best way to watch the lectures.

You don't need to assimilate and integrate the information in lectures. The professors don't have any question or word problems in their lectures. It's just a race to the finish. Finding the balance between 'fast enough that you can stand to watch an entire lecture' and 'slow enough that you can understand the professor' is key. I found 1.7x-1.9x let me get through a lecture without wanting to lick a wall outlet.

Speeding up lectures is very common among medical students. Before I started Medical School, this was probably the most repeated piece of advice I saw. Sitting in class is considered a waste of time and energy by the vast majority of people with whom I interacted.

We were told during orientation that students can only pay attention to traditional lectures for about 10 minutes. Packing 15 minutes of lecture into that 10 minute window I guess is helpful?

There was actually a class specially created by our colorful dean, Dr. Christenson. My year was the first

(and only) class that had to take it. I think it was called Foundations of Physicianship. The class wasn't exactly a killer; our first two lectures were spent watching a movie from the 90s called The Doctor.

For the first month of school, this was a required class. All 150 DO students would pack into the auditorium for whatever topic we were supposed to be learning. (I seriously don't remember what that was).

Within a day of receiving the email announcing Dr. Christenson's immediate departure in mid-September (which was never explained to students or addressed again), we received an email informing us that this class was no longer required.

All the points for this particular class came from online quizzes, meaning there was nothing to gain by attending class. Without in class exams, learning the material being taught was a bad use of precious time.

Later in the semester, I was chatting with one of my classmates before an exam. He decided to attend lecture for Foundations the previous day. There were four students in attendance.

Real classes probably had slightly better numbers, but I don't think it was spectacular.

Chapter 3 -

Most schools have White Coat Ceremony near the beginning of the school year.

Essentially, the White Coat Ceremony is an event where the administration of the Medical School gives incoming students the White Coats the student will wear throughout all 4 years of med school.

Some schools make a huge deal out of the White Coat Ceremony. They invite guest speakers and have all sorts of pomp and circumstance.

The coat really isn't that special, it's just a white lab coat with the school logo embroidered on the shoulder. Rather than being knee-length, these white coats only go down to the waist. (Keep this in mind if you're ever in the hospital. If somebody in a short white coat is trying to take care of you, don't let them. That person is a student and they will probably kill you.)

The coat is worn to all official med school functions and for all of our patient interactions. It's pretty symbolic to med students.

The White Coat ceremony has become a way of being welcomed into med school. It's the administration's way of acknowledging that you made it to Medical School. This ceremony marks the beginning of the long journey.

Or so I hear.

Dr. Christenson, the Dean at the time, decided that first year students didn't deserve a White Coat ceremony. He decided that a better time to have it would be after we took boards at the end of our second year. To him, getting into med school wasn't the big deal, getting through boards was. So instead of welcoming us to school with the White Coat ceremony,

they would give us a ceremony after we completed our first two years of Medical School.

Checking the DMU Facebook group, I found this quote from a DMU official. *"The white coat ceremony will actually be combined with the Rite of Passage event and will take place during the spring of your second year to signal the transition to clinical years. This is the first year that we are transitioning the white coat ceremony and we are very excited about it! You can plan to have a big celebration during your second year where all family and friends are invited to attend."*

This information caused quite a stir. On the DMU class of 2021 Facebook group, almost everybody was furious. The only exception were some sycophants who lauded DMU's decision. These few students condescendingly informed us that the White Coat Ceremony was a privilege and only dated back a couple decades. This vocal minority told us that we were being unprofessional and shouldn't question DMU.

DMU has both med students and Physician Assistant students. They are governed by separate colleges and separate deans. While med students were told we were unworthy of a white coat ceremony, PA students were still given a white coat ceremony. This did not go unnoticed by us med students and was the topic of many an angry conversation. Especially considering how DMU's PA program was on probation from their accrediting body when their ceremony took place.

However, we still needed our white coats. It was sort of urgent, since there was an event scheduled for right after school started where we were required to wear them.

DMU decided to compromise by removing all possible ceremony from the process of giving us our white coats.

The med students received an email in late August telling us there would be a three hour window on the following Thursday when we could pick up our coats. It would be in the afternoon from 1 to 4 PM in the big auditorium on campus.

I saw pictures of the event from ARCOM, the school I turned down in favor of DMU. The newest Osteopathic Medical School welcomed their first class with an event that put the second oldest Osteopathic Medical School to shame. At ARCOM, each student was given a coat with their name embroidered on the front. The ceremony was held in a big auditorium with the college administration reading the name of the student and then helping them put on their shiny new coat.

At DMU, we held the saddest white coat ceremony ever.

I actually forgot that I was supposed to pick up my coat. On that Thursday, I had Anatomy lab from 1 to 3 PM. Anatomy was always so exhausting, my usual plan was to go home and take a nap. While hanging up my disgusting lab coat (which was a white coat, but not The White Coat) in my locker, I made small talk with the students who had lockers next to mine and shared my big plans for that evening with them. They were the ones who reminded me about the White Coat pickup. My locker-mates wanted to shower before picking up their coats, while I didn't care if I smelled like dead guy during the ordeal.

I made my way to the auditorium, maybe a 3 minute walk, alone. I cautiously opened the big double

doors leading into the auditorium. There were no signs indicating I was in the right place, and there was no noise coming from inside the room.

Poking my head inside, I glanced around the room. Our White Coat un-ceremony was held in the big classroom on campus. This is the room where we took all of our tests and had all out lectures, with sound damping material on the walls and dim lights to keep focus on the front of the room.

The doors to the classroom are off to the side in the front of the room. From my vantage point, I could see about 10 students sitting around the auditorium, a few people standing in the front, and 2 big piles of white coats on the table in the front.

I mean a literal pile. Have you even taken a bunch of shirts out of your dresser and piled them on your bed? It looked just like that.

I entered the room and walked up to one of the assistants milling around the coat pile.

The room was silent and I whispered to the woman guarding the pile, trying to not draw to much attention to myself. "I'm here to pick up my coat?", I asked.

The woman pointed to the pile on the left and informed me that it was the men's pile and "There's a tag inside your coat with your name written on it." I picked up the coat on the top of the pile and saw a small piece of paper with a name on it safety pinned to the tag.

I rooted around in the pile trying to find my name. Since I was so late, there were probably only two dozen coats left. I checked each one and didn't find my name.

Given how shitty everything was, I half expected that there wouldn't even be a coat for me.

I looked up at the secretary and told her I didn't see my coat. She looked me up and down before asking, "Did they order you a tall size?" Seeing as I was and still am 6'2", it seemed like a stupid question. I nodded.

After a pause, she said "Tall sizes are over there." and pointed to a smaller pile on a table near the door opposite the one I came in.

This second pile was just as sorry-looking as the other, but at least there were only a few coats to dig through. I found mine in about 30 seconds.

I didn't try the coat on. We were told at the beginning of the year that DMU would only be ordering us one coat and it was our responsibility to make sure we told them the right size. Even if the coat in my hands was too big or too small, I was stuck with it.

I held the coat up and looked at it for a minute, ranting in my head about how shitty this whole thing was. DMU had an obligation to do right by us, and this felt intentionally dismissive.

Even if the dean didn't want to give us a real ceremony, we should be given something that reflects the work we put in to get there.

As I was cursing the administration, I felt a tap on my shoulder. I turned to see the woman from earlier standing there, holding a pen and an envelope.

"You need to write a thank you to the doctor who donated the money for your coat." She pointed to the big screen hanging from the ceiling. "Just copy the message that's on the screen. There's a piece of paper in the card with a name and address. Write the address on the envelope, but do not seal it."

I took the supplies and made my way up the stairs to find a seat. I didn't see anybody I knew, so I just found a seat away from the other people.

Inside the envelope was a blank greeting card and a little slip of paper with a name and address on it. I think the guy's name was also Paul and I'm sure he lived in Michigan, but that's all I remember about him.

I copied down the message, wrote the address, handed it in, and left. From start to finish, the whole ordeal took about 5 minutes. I went home, hung it in my closet, and forgot about it.

The coat never held and symbolism or meaning to me, which I blame mostly on my hatred for med school. If I loved what I was doing, the coat might have become a reminder for what lay ahead. Instead, it was just another piece of clothing. A good White Coat Ceremony maybe has the power to infuse just a little meaning into the coat, but it's not like a good ceremony would be able to make me want to stay in school. There's only so much power in pageantry.

After leaving school, I donated the coat to The Salvation Army. I could not think of a single reason to keep it around. (If anybody in Des Moines found a DMU coat at The Salvation Army on the corner of University and Valley West, that was mine!)

The White Coat Ceremony drama continued for the entirety of my time at DMU. There were scheduling issues, location problems, and general unhappiness. Even after being dismissed, I was a member of the private DMU 2021 class Facebook group and followed along with the almost weekly drama.

First, the DO Class of 2022 was given a White Coat Ceremony at the beginning of their first year.

Then, DMU said there wasn't enough room on campus and the event for Class of 2021 would have to take place in a hotel ballroom near the airport. The limited space in the hotel meant that each student would only get a small number of tickets for their family. Each student received 2-3 tickets. So when the DMU official said "all family and friends are invited to attend.", I guess they assumed all the students were unlikable orphans.

Finally, the Dean (at the time) informed everybody that the White Coat Ceremony would be optional. Instead of the entire class and their families showing up, it was just some students and a few family members in an airport hotel ballroom.

That didn't surprise me in the least.

Chapter 4 -

On August 28th, 2017 , I failed my first test in Medical School.

Medical School had been going strong for about a month by this point. I think they were trying to ease us in. The first month didn't have any tests or any mandatory events other than labs. Even without tests, I was extremely frustrated with the material.

I remember vividly studying during the first week of class. I was sitting at my desk looking at the note packet DMU provided during orientation week. It was a 600 page document written by the biochemistry professors with everything we needed to know for the biochemistry tests.

I started on page one with blood biochemistry. I spent over an hour not just learning the material, but making sure I could quickly recall the material and answer the questions at the end of the chapter.

It wasn't easy. I spent longer on that first section than I had on any section of any class in undergrad. Learning every single fact was the name of the game and I was ready for the challenge. It was a long process, but I enjoyed it. This was the first step on the long road to becoming what I worked so hard to achieve.

Then I moved on to the second chapter. It wanted me to learn the structure of every amino acid. Every Hydrogen, every Carbon, every double bond.

Knowing the exact structure of Glycine didn't help me remember the cause for metabolic acidosis, nor the treatment. The disconnect between the first chapter and second chapter frustrated me.

The two topics are somewhat related, blood does contain proteins made up of amino acids. That's the extent of the relationship we were taught.

Not only that, learning the structure of the Amino Acids was not related to patient care by the professors. I was studying to be a doctor. Literally the only reason to teach me anything was because it would be used in the context of patient care. The PhDs who taught the class either couldn't or wouldn't relate it back to actual clinical applications.

I'm not opposed to learning minutiae, but minutiae without application is downright painful.

There were two features I expected out of Medical School - problem solving and a connection between all the material I was learning.

I quickly found out there was no connection between the material in my classes. There wasn't even much of a connection between the material presented from lecture to lecture in the same class. Some days, we would have 3 separate Biochemistry lectures before noon, all of which were taught by different professors. That's 3 different topics in Biochemistry, taught by 3 professors with different teaching styles, and no way of knowing what material was actually important.

During the first part of the semester, I only remember being in two classes: Anatomy and Biochemistry. In Anatomy, we were learning about the muscles of the lower back. In biochemistry, we were learning about enzymes and chemical reactions.

If there is any way to combine these two topics, I never found it. The origin of the Multifidus muscle didn't help me remember the amino acids that make up the inner ring of hemoglobin. The number of positive charges on Serine didn't have anything to do with the number of vertebrae in the lumbar spine. Instead of a

big mosaic of information, I was being given random splatterings of crap.

There wasn't even any attempt to combine these two topics. We were just expected to put our noses to the grindstone and learn memorize the discrete bits of information.

I was already struggling with the material as I worked through the first couple chapters of Biochemistry. As I watched lectures and took notes, I just wasn't able to see a big picture.

In the past, I always asked myself, "Why am I learning this?" or "What am I expected to do with this information?", and worked backward from there. No matter what class I was taking, this method served me well. By keeping an eye on the end goal, I could focus my studying and efficiently organize information.

With Biochemistry, the answer to "why am I learning this?" seemed to be "Because you are going to be asked to repeat it back on the test."

I had to learn the single letter abbreviations for amino acids and the charge the amino acids carried because the test is going to give me a string of letters and ask me the overall charge. Sure, it might be a cool party trick, but it doesn't help me solve any problems.

Or, if there is a problem that can be solved with this information, we weren't being told what it was.

I still didn't understand what it meant to be a doctor. I was trying to train myself to be a problem solver. DMU was trying to train me to be a repository of

information. This early in the semester, I wasn't able to identify this disconnect. I was unhappy, but could not articulate why.

My unhappiness with the material became overwhelming just two weeks into the semester.

I was miserable. Not just because I hated the reality of Medical School. I knew getting into Medical School was a huge opportunity and that I was squandering my chance to become a doctor.

Before starting Medical School, I honestly prepared myself to spend every waking moment studying. I was looking forward to mastering the concepts and perfecting the skills I believed were required to succeed in Medical School.

Yet, here I was. Watching too much TV and drinking too much alcohol because even being miserable and hung over was better than 'studying'.

I was disappointed in myself and disappointed in Medical School.

Before taking that first Biochemistry test, I only watched half of the ten lectures. I didn't read the notes or go through the slides for the last 5 lectures of the section. I hated the material so much I couldn't even bring myself to read the titles of the lectures.

Walking into that Biochemistry test, I was more curious than worried. I knew I hadn't studied enough. Even giving myself the benefit of the doubt and assuming I remembered everything I studied, that was still about 50% of the material I had never seen before.

All the tests in Medical School, with the exception of the practicals in Anatomy and Clinical Medicine, had the exact same format.

There were rules on what we could have in the testing room, rules on when we could show up, and rules on when we could leave. We were never told exactly why we had to follow such strict rules, but I assume it was to minimize cheating.

The rules were so numerous that we actually had a dry run a few days before our first test. This was to iron out the kinks and make sure we didn't screw it up when the real test came around.

First, we were only allowed to have our computers, charger, and Ethernet cable in the room with us. Hats were not allowed. Coats were not allowed. Laptop sleeves were banned. Cellphones were a particularly sensitive item. If you were caught with a phone, even if it was off and in your pocket, it would be considered cheating.

The doors to the testing room opened 15 minutes before the test was scheduled to start. The doors were closed two minutes before the scheduled start time. If you arrived after the doors were locked, you would be turned away and given a zero for the exam.

On the way into the room, we were given a pencil and a scantron printed on regular paper. The scantrons weren't graded. We were supposed to record our answers as we went in case something went wrong with the computer. Since the tests questions were randomized, we had to write down the question ID next to the number on the piece of paper. We were told that under no circumstances would the paper answer sheet be accepted over the computer score. The paper was

only for complete failure of the computer while taking the test.

This actually happened to a few people during my year at DMU. We used a program called Desire2Learn, which had trouble handling the volume of students taking the exam at the same time. Freezing and crashing were common occurrences during the test taking process.

During second semester, DMU began a trial of new software for taking tests. It was even worse than Desire2Learn. During one group's Anatomy test, the program actually locked down every students computer and refused to let them back into Windows. Everybody had to turn their laptops in so IT could fix the issue, then paper exams were printed out and everybody took the test using those.

I don't know how much money changed hands or what assurances were made, but DMU decided that locking down 200 students' computers for the better of a day wasn't a big deal. Within a week, we were back to using this new program.

Anyway, I was always waiting outside the classroom before the testing room doors were unlocked. I liked sitting in the back and I had to be early to make sure I could get a good spot. There was a big group of us that waited. We always chatted, but I never got to know any of them very well. It was still a nice pre-exam de-stress.

Once the doors opened, we trudged in, grabbed our paper and pencils, and found out seats. Once we entered the room, talking was forbidden. We communicated exclusively with hand gestures and eyebrow raises.

We were to sit down, plug our computers into the outlet at each seat, connect the Ethernet cord and sit there silently. We were not allowed to write anything down and we could not open our computers. It was also not permitted to leave the exam room once we had entered. If you walk in those doors and realize you have to pee, you can either hold it or fail the exam.

A couple minutes before the official exam start time, we were allowed to open our computers and access the exam. It was a simple process of navigating to the Desire2Learn website and logging in.

Once that was done, we once again waited until the exam password was displayed on the overhead projector. We typed that in and were off to the races.

The actual testing experience was pretty standard. Tests consisted of anywhere from 50 – 100 multiple choice questions. Usually just A-D, but sometimes all the way to F or G.

We were given plenty of time to take the tests. I always had at least 40 minutes to an hour more than I needed. Of course, you can go pretty quickly when you aren't very familiar with the material, which was true of most of the tests I took in Medical School.

Once we submitted our exams, we still weren't finished. The software DMU used had trouble recording exam scores. To make sure everything was saved correctly, we were forced to wait for 5 minutes after submitting our exams before we could leave.

The score popped up right away, along with a list of questions that we missed. We just had to sit and stare at our score until the server was good and ready. After 5 minutes, the page would refresh and a random image

would show up on our screen. Sometimes it was a piece of clip art, sometime it was an actual photo. We had to show it to the proctors before we were allowed to leave the room.

I came to really despise that 5 minute window at the end of the exam. It was 5 minutes to stare at your score and wallow in your self loathing. Rather than seeing a bad grade and dusting myself off, I was forced to stare at it in silence for 5 minutes. Over the course of my Medical Career, I failed 16 tests. That's 1 hour and 20 minutes of staring at a failing grade in a room full of my peers.

It was exhausting and humiliating.

I was never very productive on exam days. Tests were always in the morning, so I always had the whole day afterward to binge eat and regret the choices that led me to Medical School.

However, during that first Biochemistry test, I was still blissfully unaware of what awaited me.

I went through the motions of taking the test. I knew most of the material. A lot of the questions were review of things I learned in undergrad.

I reached the end of the test and didn't bother reviewing it. I just submitted it and hoped for the best.

In small print at the bottom of the screen, I saw "34/50 (F)".

I was pleasantly surprised. If I had put just a little more work into it, I could have passed. I spend the rest of Medical School walking that line. Most of my successes were just over the line. Most of my failures were just a little bit short. I never found any motivation

to even try to excel, so I was content just barely getting by.

About an hour after getting back to my apartment after that first exam, my advisor sent me the first of many post-exam emails. He was notified of every test grade I received via automated email. His emails to me after I took an exam would become a hallmark of my Medical School experience.

He asked me if the grade in the email he received was correct and if I could meet later that day to talk about it.

Our first meeting was very short. Instead of admitting that I hated the material and only watched some of the lectures, I just told him I was struggling with the volume of material. That was the issues I heard most from other students and I figured it would satisfy him.

He just recommended meeting with CTL and sent me on my way.

The primary reason, though, for meeting with Dr. Benzoni was to get a form signed. I would come to know this form very well.

Over the course of the year, these only thing that changed in these forms was the room number where I was supposed to drop them off, and the name of the test I failed. Everything else stayed the same.

The Academic Progress Committee (APC) of the College of Osteopathic Medicine has a formal academic alert process following each course exam that notifies a student, and their advisor, when they have

experienced difficulty. The APC's monitoring process noted that you experienced academic difficulty on the *first biochemistry course exam*.

We want you to be successful in the curriculum. *To strengthen your academic performance, you are required to schedule a meeting with your advisor. Please have them sign and date this letter indication that you met to discuss your situation.*

*Lastly, you should deliver this signed letter to the COM Academic Affairs office, **DMU Clinic 650**, within five business days from its date (see above).*

We also encourage you to utilize all available resources including:

- 1. Your course directors**
- 2. Center for Teaching and Learning (CTL);** tutoring and other academic support services - located in the Library beside the Rare Book room, ext. 1516; CTL@dmu.edu

These services are here to assist you in attaining and/or sharpening the skills necessary to be successful.

Sincerely,

Matthew Henry, Ph.D.
APC Chairperson

It's just a short note telling me to meet with the course professor or the Center for Teaching and Learning (CTL) for academic help. That's it.

I absolutely had to get this form signed and turn it in to the APC secretary.

Never once during the school year did I suspect just how important these borderline SPAM emails were. Turns out, the computer that was sending me those emails was actually very concerned about my performance. What seemed like a waste of time was actually a dire warning about my progress from an emotionally distant web server. (I wouldn't discover this until after being dismissed)

While writing this book, I came across a court case from a few years back. In this case, a Medical Student was dismissed from DMU and sued to be reinstated.

"Dr. Donald Matz, chair of the APC, repeatedly warned [the student] regarding her subpar academic performance, sending her letters on August 25, September 9 and 19, and October 10 and 15. Dr. Matz specifically warned [her] that she was in jeopardy of failing one or more of her courses. In each letter, Dr. Matz encouraged (her) to seek assistance from her course director, faculty advisor, the Center for Academic Success and Enrichment (CASE), and DMU's student counseling center."

I find it absolutely fascinating how DMU's lawyers were able to spin those emails sent by the APC. When I read that paragraph, it really sounds like DMU was looking out for the student. I had to read it a couple of times before I realized what that it was just talking

about those same damn automated emails I had received.

My advisor said if I failed to get the form signed, I would have be charged with unprofessional conduct and considered for dismissal.

I suspect these forms carry some sort of legal protection. The importance of these documents in shielding DMU from any legal claim must be huge if failing to turn them in leads to a dismissal.

I genuinely don't know if anybody other than my advisor knew about my academic struggles before I failed my first class 6 months after this. DMU would have me believe these forms were carefully reviewed prior to sending them out, but I never saw any evidence of that.

These emails weren't always sent out right after the test. They were only sent after the professor had finalized the grade in the online gradebook. Sometimes that took a day or two.

This turned a single test failure into a multi-day ordeal. Instead of failing a test and moving on to the next challenge, I had to set up a meeting with Dr. Benzoni.

Dr. Benzoni is a practicing ER physician in Des Moines. Arranging a meeting with him wasn't always easy. I was always able to see him within a couple of days, but it took some back and forth.

Once I got the form signed, I had to walk them over to another building.

It became a well-rehearsed routine. After failing one test (it's impossible to say which one), he just emailed me to let me know that the form was ready in

his office. When I arrived at his office, he didn't even take his headphones off, he just slid the form across his desk and gave me a little wave. I could hear that he was listening to Stairway to Heaven, but I was honestly just glad I didn't have to pretend to be upset that I had failed.

Meeting with Dr. Benzoni was never easy. Even though I became numb to the disappointment of failing a test, I used to put my phone on silent after failing a test because I couldn't stand receiving the notification ping of the inevitable email from Dr. Benzoni.

I hated how this process stretched my failure into an endless drag. It was impossible to move on from a test failure until this dance was complete. I would fail a test and it would be a better part of a week before I could start moving on from it.

Early on, I tried to follow the advice in the emails.

After failing the first biochemistry test, I made an appointment for the next day with the CTL.

Instead of being told how to look at the material, I was given crutches to help cram all the shit into my head.

The guy I met with showed me different ways to use flashcards. "A common mistake is putting too much information on a single card."

"Try putting a word on one flash card and the definition on another. Then try matching them together."

And so on.

He also showed me a couple of practice tests that were available online to test my knowledge of the material.

None of it addressed what I believed my problem really was. If anything, he just strengthened my conviction that there were no over-arching concepts in Medical School.

I met with the CTL a total of 3 times during my time at DMU.

The second time and third time were very similar. Working with the CTL employee, I created a schedule that would break my day down and give me a total of 10 hours of study time each day.

So the advice over the course of three meetings boiled down to:

1. Do more flash cards
2. Do more practice questions
3. Spend more time doing 1. and 2.

I usually went with option: 4. Drink Wild Turkey and watch Grey's Anatomy.

After being dismissed, I met with a former classmate who was involved with student government.

She explained to me that DMU did not measure the efficacy of the CTL and had no numbers to show whether or not the CTL contributed to student success. She brought this up when we were talking about mental health at DMU.

She was championing a few different programs to improve student happiness. One of the programs was increasing the resources allocated to the CTL. During our conversation, she lamented how much trouble she was having with identifying how to improve the CTL, since DMU had no way of telling her its strengths and weaknesses.

(As a side note, she was also trying to get one 'mental health day' per month where there would be no classes and no tests so the students could unwind for a day. She said DMU compromised and decided to give students one mental health day per school year.)

Assuming what she said was true, that means the APC personally suggested 16 times that I meet with the CTL without knowing if their own advice was helpful.

The CTL could have suggested that I put on a top hat and drown myself in the ocean, and it would have been just as scientifically valid. Apparently it didn't matter that the CTL was giving untested, unexamined advice. The only thing that matter to DMU, it seems, is that advice was given.

Sometime during the school year following my dismissal, DMU disbanded the CTL and created a new department called the "Center for Educational Enhancement". This happened just a couple years after DMU disbanded the Center for Academic Success and Enrichment (CASE) to form the CTL. I guess the CTL was so effective DMU had to keep changing the department's name to reflect how good it was?

In mid-October, I shared my struggles with Dr. Benzoni. I emailed him about the Anatomy practical scheduled for the following day. I said, "*I can't seem to*

get a handle on the information. There doesn't seem to be any sense or order to it."

Dr. Benzoni said it sounded like I needed to see a therapist.

I think the best example of the disconnected nature of Medical School actually comes from a couple of tests near the end of Biochemistry.

The fourth Biochemistry test covered how some amino acids are converted to other amino acids in the body. There were huge diagrams with arrows and long enzyme names all over the place. I think there was also something about urea, but I don't really remember for sure.

On that test, I earned a 44%. It was the lowest score I earned on any test in Medical School.

Two weeks later, we had another Biochemistry test.

It was on genetics and trait inheritance. On that test, I earned a 94%, -- the highest grade I earned on any test in Medical School.

This is the most concrete example I had of the lack of coherence in Medical School classes. Classes didn't build on themselves. There was no big picture. Studying one lecture did not help you understand another lecture, even a lecture from the same class.

It was torture.

Chapter 5 -

I expected the Anatomy lab to be a defining aspect of Medical School. I believed that it give me reverence for human life and respect for enormous responsibility of being a doctor. Given this, I was extremely excited to go into the lab for the first time.

My first lab was scheduled for the second week of classes. By this time, I had already discovered how much I hated the classroom learning and was looking for something I might actually enjoy in medical school. There was a lot of pressure for Anatomy lab to be absolutely perfect and fulfilling. I'm not sure it could have been good enough to make me like Medical School, but I'm positive it could have been better.

To prepare for every lab, there were two major things we needed to do. The first was learning all the names of the muscles, arteries, veins, and nerves we would be dissecting for that lab. This involved flipping through an old lab manual with endless lists structures and their locations. It was just rote memorization that would only show up again on the tests. There were line drawings of some of the muscles and nerves, but these were an artists representation of the ideal body. I never found them helpful for identifying structures in real life.

The second was watching a video of the professor showing the structures on a real corpse. It was such a strange feeling sitting in the library watching a video of a dissection on my computer. In another context, what I was doing would be considered abhorrent. In the DMU library, watching videos of corpses being flayed was par for the course. These videos were more helpful than the text, but I can't count the number of times the professor said "You can't see it the structure here, but...".

An hour before that first lab was set to start, I was already geared up and staring at the clock. I was wearing my fancy new green scrubs with those comfortable shoes they make for nurses. My white lab coat was spotless with metal tools and scalpels carefully organized in the pockets. I had my lab guide open on my coffee table reviewing all the muscles of the lower back we were going to dissect out today.

I left 20 minutes early to make the 5 minute walk to the anatomy lab. I put my bookbag in my locker and milled outside of the lab with the other first years. There was sporadic small talk, but everybody was subdued.

At 1PM on the dot, the door opened and we all pressed inside. The lab was huge, maybe 25 feet by 200 feet. It was divided into 5 or 6 sections. Each section had 8 stainless steel tables with hinged covers. Above every table was a 32 inch flat screen displaying a number. (Earlier in the week, the professor sent us our table assignments.) The first 5 minutes were an awkward dance as we all searched for my table.

Next to each table was a little piece of paper. It had basic information about the 'body donor'. It told us their name, age, occupation, cause of death, and any surgeries or procedures they had undergone when alive. After finding my table, I spent my time studying that to avoid eye contact with the other nervous students.

My guy was in his 60s and had died of cancer 7 or 8 months earlier. He worked in the court house and had a coronary bypass at some point in his life.

Eventually, everybody found their spot and we all introduced ourselves. There were two other DO

students and two podiatry students. We exchanged names then just stared at the closed, stainless-steel sarcophagus that we knew shrouded our dead guy.

After everybody quieted down, the professor came over the PA in the lab and gave some introduction. I don't even remember the gist of what he said. Inane announcements would become the hallmark of most labs- all of us standing at attention, waiting for him to finish his monologue.

Once he had wrapped up, we opened the covers and I got the first glimpse of my body donor. I don't remember his real name; I always just called him 'Dead Guy'.

Anatomy lab was not the transformative experience I had been expecting. I came to see my body donor as just a dead body. His head had been shaved and he was laying on his back, body wet with formaldehyde and smelling like chemicals. It wasn't a human who was trusting me with their body, it was an empty vessel whose occupant had moved on half a year prior.

There wasn't much time to process these feelings. A minute after we had the cover opened, the lab assistants went around to each table and told us we needed to flip the body over. For this lab, we needed to get to the lower back muscles.

For some tables, this was an easy task. Our dead guy was around 6 feet tall and easily weighed 275 pounds when alive. Less than 5 minutes after seeing my first dead guy, I was practically hugging his slimy body, trying with all my strength to get him on his front. After that, what little magic I felt had disappeared. This corpse was not my friend. He was my adversary.

I got my revenge, though. Over the course of 9 months, I slowly hacked him apart and threw him in a trash can that had his name on it.

Anatomy lab really sucked.

The most prevalent features were the temperature and the smell. The stench of formaldehyde coated every surface of the lab, which has been housing dead bodies for decades. It got in my clothes and my skin.

The temperature was always in the low 60s. Seeing how we had to chop up our corpses for the better part of a year, the temperature had to be kept very low. Any higher, and the bodies wouldn't last as long as we needed.

DMU loved to brag about how high tech their Anatomy lab was. From the first time I toured DMU to actually being accepted, I heard about the state-of-the-art lab what felt like dozens of times.

"There's an iPad and a 32 inch TV at every station to demonstrate the dissection!" was the oft repeated line.

That sounds pretty good. Especially after some of the other Anatomy labs I saw. Some schools put their labs in the basement. Poor ventilation and low light was a common complaint at other schools.

DMU's Anatomy lab seemed like a top notch learning facility... Until you actually spend time in the lab during a class.

There is an iPad and a TV at every station. That was not a lie, but the iPad is used to display a PDF of a lab manual. It wasn't even the same lab manual we had to buy for class.

One of the required texts for class was a lab manual that explained the anatomy and how to do the dissections. It was the book we used to prepare for lab and the book that was used as the basis for quiz questions.

The lab manual was fine. It was a 250ish page book printed on plain white paper. There were illustrations, but only simple drawings of the structures described in the text. It wasn't very coherent and I found it to be about worthless for learning anything. It was published by DMU and reflected DMU's commitment to cohesive content presentation.

So for whatever reason (I'm guessing gross incompetence), DMU didn't display the PDF of the manual that they owned the rights to and that the students were expected to memorize.

Sometimes, the instructions from the paper lab manual and the instructions on the iPad weren't the same. Or the paper manual would give a piece of advice that wasn't present on the iPad. We would stand around the ravaged corpse and argue over how we were supposed to do a certain dissection.

DMU always made it sound like the technology in the lab was world-class. Using an iPad to display a gray scale PDF is the dumbest, most inefficient use of technology I can imagine.

During most labs, we would do our best to uncover the structures we remembered from the pre-lab videos. This could take less than 30 minutes if whatever part was already partly exposed, to over an hour if we need to cut away the skin and scrape away the fat.

Dissecting a human is uncomfortably similar to trimming any other piece of meat. First thing you do is pull the skin off and expose the muscle. I recently had to remove the skin off of a duck before putting it in a crock pot. As I pulled on the skin, muscle memory took over and I found myself making the same small sawing motion to get the duck's skin off as I did in Anatomy lab. (I put the duck back in the fridge and decided on something else for supper)

Once you have the skin peeled back, it's time to get all of the fat out of the way. My guy was pretty heavy, so there was an impressive amount of fat to get through. I don't know what color fat is on live humans, but the fat on our body donor was this dull yellow color. As we scraped through it, it covered our tools and hands. At the end of the year, the pockets of all of our lab coats had yellow rings when the fat from our gloves soaked into the fabric.

When the fat was out of the way, there was one last layer to remove. It's called 'fascia' and it's a thin, white, fibrous layer that covers muscles. It was easy to remove if you can get a hold of it, but sometimes it took a while to get it off.

After we had everything exposed and cleaned up, we just had to wait around until one of the TAs or professors came around to answer our questions or quiz us on the structures. This could take anywhere from a few minutes, if we were the first table the professor visited, to almost the entire lab period if we were unlucky.

Dr. Matz really seemed to hate when we left lab early, so it didn't really matter when somebody came over to check our work. Whether we were first or last,

we had to stay for the entire lab period. One particular lab was over in about 30 minutes. The muscles we were studying were close to the surface and had been partially exposed during the previous lab.

In Medical School, there's always a test in the next day or two. So if you finish in Anatomy lab, you leave and start studying for that test.

As expected, the majority of students left just 30 minutes after the lab started. (My group didn't get to leave early. The professor that was watching my section of the lab lectured to us for nearly an hour after we finished our dissection.)

The next lab, we were subjected a monologue about how we shouldn't leave lab early.

DMU offers a wide variety of graduate degrees, all relating to health care. One such degree is a Master's of Science in Anatomy. It's a two year program designed for students who need to raise their GPAs before they can get into real Medical School.

In order to make the MS program more appealing, the Anatomy lab and the Medical Students are used as a tool. The second year MS in Anatomy students actually spend time in the lab with the Medical Students, but not as fellow learners. These MS students serve as the teaching assistants, explaining things and showing us structures. There are real professors in the lab with us, but the Master's students outnumber the real professors and spend more time with the Medical Students than the fully trained professors.

That's not to say the Master's students weren't knowledgeable. They were usually at least somewhat helpful in teaching whatever lesson we were supposed to be learning. My issue is that I was paying a lot of

money to be taught by a student with half a Master's degree.

After we finished the dissection and waited around for a while, we could start cleaning up. First step was to get these cheese cloth like rags from the side of the room. Every lab, we draped every exposed muscle with the rags and then soaked them with formaldehyde. This was important since it didn't take long for the muscles to dry out. Forgetting to cover any part of the body would turn it into something like jerky by the next lab.

Once our dead guy was shrouded, we could go over to the big sinks on the wall and start cleaning up. Some people were fastidious about washing up. They would scrub not just their hands and arms, but also their dissection tools. I never worried about my tools, but I did put a lot of time into washing my hands.

Labs were never officially dismissed. We just left when we were finished. Outside of the lab were rows of lockers where we stored our items during lab. Thankfully, we were all assigned two lockers. Most of us used one locker for contaminated items like our tools and lab coats, while the other was for clean items such as our book bags.

With my lab coat in my locker and my bookbag safely retrieved, first thing I always did was go to the bathroom and wash my hands again. Then I walked home, where I would take a long, hot shower.

Anatomy lab was gross.

So almost every week, we would all pack into the Anatomy lab and start chopping away at our body donor for a couple hours. Near the beginning of the school

year, I spent over an hour preparing for each lab. Learning the muscles, how to dissect them out, where they attached.

Close to the end of the course during second semester, I would walk into the lab not even knowing the names of the muscles we were supposed to be dissecting. I just followed the lab manual on the iPad and took my cues from my table mates. I hope I didn't drag them down too much.

Every six weeks or so, we would have a 'lab practical'. Each practical took place in the Anatomy lab. The professors had a big stack of laminated note cards with questions on them. The night before the exam, they would kick all the students out of the lab and place one or two questions at each table. They would rearrange the bodies (or body parts) as necessary for the question, as well as putting pins and running string to any muscle or structure we needed to identify.

Questions ranged from the simple, "What is the name of the tagged muscle?", to the more complex("third order"), "What is the name of the muscle that shares an attachment point with the tagged muscle?"

These lab practicals were always on the same day as the written test for Anatomy. All the students were split into one of three groups. The written exam was offered at three different times, as was the practical exam. Our group number determined the times when we would take each exam.

No matter what, we had to take both exams in a five hour period between 7am and noon. There was no schedule or order preferred by me or anybody I talked

to about it. Taking two exams back to back is difficult no matter in what order you take them.

Each lab practical consisted of between 70 and 80 questions. Most questions were about actual bodies, but a few would be questions about models situated around the lab. The questions about the actual bodies tended to involve muscles, while the models were generally used for identifying structures on bones that would be difficult to see on a real human.

Before each practical, we had to get suited up in our scrubs and lab coats. 15 minutes before the scheduled start time, they shoved all of us into a smaller anatomy lab used by the Physical Therapy students.

We had to be quarantined while the other group of students left the real lab, lest we share information about the exam.

Once the coast was clear, we were led out of the auxiliary lab and into the real lab. As we walked in the door, the MS students handed us clipboards and sheets of paper for recording our answers. It was like a scantron, but printed on a full size sheet of paper to accommodate the sheer number of questions.

Once we had our supplies, another staff member would show us to one of the stations. We were instructed to wait at the station until the start of the exam.

I was never sure if I was allowed to look at the question at the station while I waited for the exam to start. Logically, you can't be expected to ignore the uncovered, large print question sitting right in front of you. On the other hand, DMU was fanatical about cheating. I always read the question as I walked up to the station and then averted my eyes while I waited for

the exam to start. Plausible deniability was all I needed so they didn't accuse me of cheating.

Along with all the little housekeeping rules, there were two rules that we dare not break. First, talking was strictly forbidden. Anything that could be considered communication was unacceptable. There was no presumption of innocence during lab practicals.

Second, there was absolutely no touching the tags on any of the bodies or models. This is a common rule in Medical Schools. In the past, students have moved the pin marking whatever muscle the question was about. With the wrong muscle tagged, other students would get the question wrong and that would improve the curve for whoever moved the tag. (Although DMU didn't curve grades) It's a well-known problem, according to the medical students I talked to online.

Once it was time for the exam to begin, the professors would make a little announcement about how things were supposed to go during the exam. Then, they would start playing an audio clip that would keep time for us during the exam. It was just a two hour long track of silence punctuated every 80 seconds by a single beep. That was all the time we were allowed at each station. As soon as we heard that beep, we had to move on to the next question.

During the first exam, I could see the play time on the TV screens. I could gauge how much time I had left at a station by keeping track of the exact time of the beeps. After the first exam, the time on the media player was hidden, either by accident or design.

Lab practicals were always an hour and a half or longer. By the end of the tests, I was always half-dead

and ready for a nap. The first set of questions would go by smoothly, but I could feel my performance slipping as the exam dragged on.

During either the last or second-to-last practical exam, I remember staring at a skinned, disembodied leg propped up on one of the slabs. It was at a weird angle and I had trouble deciding which way was up on the foot. (It's harder than you think) I was cold and exhausted, trying to answer the question before my time was up.

After spending half my time going back and forth on two of the answers, I remember thinking, "Wait. Which side of my foot is the big toe on?". I had to wiggle my toes to before I could figure it out.

I failed that particular lab practical, which isn't surprising. The order of the toes on the foot is kind of something you need to know before you can start answering more complex questions about the anatomy of the foot.

I wonder what medical schools are thinking with the anatomy lab. Almost every school has an anatomy lab with real bodies (a minority use computer simulations). In every one of those labs, students cut up a dead person.

Looking back at what we did to that dead guy, I'm surprised with what felt completely normal. I have literally peeled a dead man's face off. I saw his heart cut out of his chest and passed around the table. I watched as a lab assistant used a bone saw to cut his entire head in half down the middle. (Sort of like if you fell headfirst into a table saw) I have had conversations while idly

holding a random organ. Squeezing a stiff lung and watching the formaldehyde bubble out, then releasing it and seeing the chemical flow back inside. Cutting open a dead man's eyes because we were bored. Watching my classmates stick probes in his ears and seeing them come out the inside of his skull.

Whenever we would finish our dissection early, we would stand around and chat while cleaning the fat off of a random piece of skin, or use a probe to scrape away the fascia from a muscle.

At the end of the year, we were left with a pile of dried up old meat. Even though we always covered him in moist towels at the end of lab, 9 months of laying on the slab took its toll.

I remember examining what was left before leaving the lab for the last time. He was a collection of skinned body parts. Both of his legs had been cut off; one had been moved to another room for the second year podiatry students, the other was for our group to dissect and was laying at an angle near the end of the table. His head, which we cut in half back in October, was dried and crusty. The torso was mostly complete, with two skinless arms, but the rib cage was on upside down and was bent out of shape. The brain was in a plastic bag, nestled inside the remains of his skull.

There's a fine line between education and desecration. Sometime during the year, we crossed that line. Looking at the body parts on the table, I felt somewhat uneasy with what we had been encouraged to do in the name of education

After Anatomy ended, there was a memorial for the body donors. The families of the donors were invited

to campus for a service. I don't know the details. We received an email informing us that our attendance was optional and I never gave it another thought. By the time the memorial was announced, I had already failed Anatomy and had no interest in dealing with anything related to that class. I especially wasn't interested in some heavy handed tribute to the families of whoever got suckered into donating their body to DMU.

At some other Medical Schools, Anatomy only lasts a couple months. Students get in, learn what they need to learn, and get out. It's efficient and, I imagine, more respectful.

It felt like DMU was being extremely inefficient in their Anatomy instruction. Anatomy exams were once every month or so. That's a long time in Medical School terms. Rather than study as we went, I know of many students who just showed up to lab, but didn't bother to start reviewing the material until a week or two before the test.

From the second week of August to the last week of April, I was worrying about anatomy. It's not much of a surprise that nothing in Anatomy felt connected. When you have a test in a random subject every 72 to 96 hours, 9 months is an eternity.

So during Thanksgiving break, Dead Guy was laying alone in the lab. During Winter break, during Christmas, Dead Guy was by himself in a steel coffin. Even during spring break, Dead Guy got to vacation in a puddle of his own juices.

At one point second semester, I was flipping through my outlook calendar and noticed that there was

a 27 day gap between one anatomy lab session and the next. In some schools, 27 days represents over half of their Anatomy curriculum. At DMU, it wasn't even a blip.

I honestly don't think we did right by the people who trusted us with their bodies. (This has no bearing on why I did poorly in Anatomy. it's just something I think about sometimes.)

Maybe other schools treat their body donors with respect. All I know is, based on what I saw, I would never suggest letting somebody you love donate their body to a medical school.

Chapter 6 -

At the beginning of the year, all the students had to purchase a few hundred dollars worth of tools. There were blood pressure cuffs, otoscopes, reflex hammers, and all the other fancy tools for doing patient exams. I even bought a nice doctor's bag to hold all of my stuff.

First year students at DMU take a course called 'Clinical Medicine', which is the singular class directly related to patient care. In this class, we learned all the technical skills we would need as physicians. We were taught how to take blood pressure, how to perform neurological exams, the steps involved in a prostate exam, among many others. I loved the class because it consisted of skills that I could master, along with getting the chance to learn how to use all the tools you see in a Doctor's office.

It was by far the easiest class I took, although that was by design. Most classes required over 70% to pass, but this one required a grade over 80%. Before each test, the instructor would send out a list of a couple dozen terms we needed to know, ten to twenty conditions we needed to be able to recognize in a picture, and the steps of the exams we learned in the lab. Spending a few hours studying was usually enough to get a good grade on the exams.

Every week we had lab for one hour. During that hour, we would learn how to use one of the quintessential doctor tools or perform some diagnostic test. There was a big lab manual that we spent the year working through. By the end of the semester, I didn't know anything about medicine, but I could do a great job of playing a doctor on TV. I can do all the right steps to take your blood pressure, even though I was never

able to clearly hear anybody's pulse. (Many of my classmates had similar concerns.)

During these labs, most of the exams were performed on our classmates. This was usually pretty harmless, but there was definitely the occasional bruise caused by mishandled equipment. One time I got a mild burn from a penlight that my partner had left on for too long. There were never any hard feelings and the 20 or so of us in the lab together became very comfortable with each other. Nothing bonds classmates like unintentionally assaulting one another.

For the more invasive tests, we used plastic models instead of the real thing. A couple times, I walked into lab and saw four or five plastic, disembodied butts sitting on one of the benches. It's surprising how quickly something like that can become normal. The aforementioned rear ends were used for prostate exams and pelvic exams. While first years used the models, actually doing a prostate or pelvic exam on a human was reserved for second year students. I'm guessing those volunteers were treated with a little more dignity.

Another big part of Clin Med was learning all the tricks to remembering the right questions to ask and tests to do. I still remember POT AIDS METH. (Patient name, Occupation, Tobacco use, ... etc) That was just one of many colorful acronyms we memorized because real doctors aren't allowed to use computers or notes of any kind during patient interactions to help them remember things.

The hardest part of the class, and my favorite part of Med School, was the Standardized Patient Assessment Laboratory, or SPAL. This was the part of

first year where we got to put on our white coats, collect all of the doctoring gear we paid \$500 for, and physically assault local actors pretending to be patients. (In class, the teacher told us that if the standardized patient says “That’s a little rough.” when we were examining them, it meant we had hurt the patient and needed to stop what we were doing.)

It was the only time during my year of Medical School where I felt like I was doing something that doctors do.

There were three SPALs during my first year. A few weeks before each SPAL, the teacher sent out a list of everything we needed to do during the exam. There was also an entire class period devoted to reviewing what we needed to do.

Prep for the exams involved practicing the physical exams and rehearsing the script of what we needed to say to the patient. The days before each SPAL, there were always clusters of students around campus. Walking past, I would catch snippets of a fake patient interview, or hear some critique on an exam that was just performed.

At DMU, the standardized patient rooms were on the bottom floor of a building near the parking; about as out of the way as possible.

It was easy to tell when SPAL exams were taking place. There were very few occasions when we needed to wear our fancy white coats, and SPAL was one of them. On a normal day, everybody on campus would be dressed in normal street clothes, with a few people dressed in scrubs. On SPAL day, everybody would be

dressed up and there would be a sea of white coats walking around campus.

The first SPAL was pretty boring. Instead of doing any exams or really interacting with the patient, our task was to obtain a complete history on the patient.

Even though it was a simple SPAL, as they go, everybody was nervous during the couple days leading up to the exam. People were meeting to practice interviewing each other and master the skill of pretending to take a blood pressure.

On the actual day of the exam, groups were broken up into cohorts of 15 or so students. Like always, we were grouped by last name so I knew everybody in my exam group.

As with regular exams, we needed to be there 15 minutes before the official start time. I headed down to the building where the SPALs take place and found a little waiting area outside a set of heavy double doors. There was a proctor sitting at the front of the waiting area, with the rest of the chairs arranged in rows facing the proctor.

I was the first one there. The proctor told me to scan my badge on the reader at the front of the room and take a seat.

Slowly, the rest of my last-name neighbors found their way in. There was some light chatter, but everybody was subdued. Once everybody was there and checked in, the proctor started going over the rules.

Once again, we were strictly forbidden from speaking once we passed the heavy double doors separating the SPAL exam rooms from the rest of campus. She would lead us into the SPAL area and we were to find our assigned room. We should take a seat

outside the room and remain silent. There would be an announcement once it was time to start. When that announcement was made, we could then get the patients file out of the holder next to the door and read through it.

We would have five minutes to make notes, at which point there would be another announcement telling us we could enter the room. We didn't need to enter the room right after the announcement was made, but we were forbidden from entering the room before that.

The proctor finished the explanation and checked the time. She spoke into a walkie-talkie and announced to someone that we were ready to go. Once she got the all-clear back, she stood up and told us to follow her.

Everybody stood up and followed in a loose cluster back into the depths of the building. We rounded the corner and saw the Double Door of Silence ahead of us being held open by a couple more proctors. There were signs on the wall reminding us not to speak.

We turned one more corner after the doors and ended up in a little hallway with seven or eight doors on each side and a chair outside each one. There was some awkward shuffling as we silently found our assigned rooms, but we managed to get situated without breaking the Cardinal Rule.

For me, the five minute window before we were allowed to enter the rooms took almost as much prep as the whole rest of the exam. I needed to write down all the reminders and mnemonics from Clin Med to use as a guide during my patient exam. Once I was in that room, I didn't know how much I would be able to remember. I needed this sheet to tell me what to do.

Before the exam, I practiced writing out everything, timing myself and revising the format to make it as efficient as possible.

As soon as I heard the announcement telling us we could start, I grabbed the chart and started scribbling. Even with the practice, it took me close to five minutes to make my cheat sheet. As I neared the bottom of the page, I heard the second announcement. I spent another 30 seconds writing, then I stuffed all the papers back into the fake patient's chart, stood up, and knocked on the door.

I didn't actually hear the patient invite me in, which we were supposed to wait for, but I opened the door after a couple seconds anyway. Each room looked like a normal exam room, except for a big two-way mirror on one of the walls and a camera mounted on the ceiling. Although during this first SPAL, there wouldn't be anybody watching us.

Sitting in a chair next to the little desk was a woman in her late 60s. She had white hair and weighed maybe 100 pounds.

I introduced myself and shook her hand, just like we were told. Once I had the pleasantries out of the way, I started down my list of short hand questions.

My note sheet payed off. I had the complete list of questions and spaces to record my patient's answers. I worked my way down the list.

Patients were instructed to give us as little information as possible. When we asked about medication, they would only tell us one medication they were taking. They wouldn't tell us the dose or what other meds they were prescribed. We had to ask them for a list of medications they were taking, which they were

supposed to have with them. Once we had the list, we still needed to get dosage, how often they took the medication, and when they took their last dose.

Most of the other questions had similar pitfalls, but navigating them was part of the challenge. They would tell us they drank alcohol, but wouldn't tell us how much. They told us they had surgery, but were not forthcoming on the details. Without my sheet of paper, I'm sure I would have gotten lost halfway through the exam.

There were dozens of questions to ask, from how their parents died to how many sexual partners they current have. The only physical exam required was taking their blood pressure. I filled an entire sheet of paper documents every little detail of my fake patient's life. From her father dying in a car crash in the 80s, to their current sexual partner, who was the opposite sex and monogamous.

Once I finished the questioning, I took her blood pressure, thanked her for her time, and left the room.

In the hall, I took a seat in the chair right outside the exam room door. We were given 30 minutes to do this first exam. Another hard rule was that we were not allowed to re-enter the patient's room after leaving. If we open that door again, we fail. If we forgot our equipment or anything else in the room, we had to tell the proctor (after the ban on speaking was lifted) and have them retrieve it.

As I sat there waiting for everybody else to finish, I continued making notes on the chart. After the physical exam, I still needed to enter everything into a computer. Translating my notes while I waited would speed that part up a little.

When time was up, an announcement was made telling all the students to exit the patient's room. If they didn't immediately comply, the proctor would actually open the door to the room and tell the student to get out. Like with all exams at DMU, standardization was an essential component. Nobody should get more time than anybody else.

The final step of the exam was typing the note for the patient's chart. For this, we were all led from the SPAL hallway into a tiny computer lab near where we checked in. There were just enough computers for us, arranged around the room facing the wall to prevent any cheating or communication between students.

Typing the note took some serious practice. We were all told exactly how the note should look and what it should say. It was just a summary of every piece of information we just collected. We just needed to spit it back out onto the computer with all the patient specific information wedged in there.

If you did an exam but didn't put it in your chart, you would not get credit for it. This reflects real life where the doctor has to chart everything to make sure they get paid correctly.

Unlike real life, we were just given a blank document on the computer and told to fill it in from scratch.

Before entering med school, I shadowed a Gastroenterologist who spent the morning doing colonoscopies. After each one, he would sit down at his computer, open the patient's chart, and hit a few keys on his keyboard. The computer would insert five or six paragraphs of text describing the procedure and the findings. There were a few spots where the computer

would display a black box instead of text. He would tab through these black boxes and complete the sentence from a drop down list of pre-written statements.

If you ever read your chart and see any grammatical errors, it's probably because the doctor manually entered something into an auto-generated note and forgot to make sure it matched the rest of the paragraph.

After I completed my note, I submitted it and was free to go.

I failed the SPAL by a small margin. Mr. Kolbinger, the teacher for the class, told me I just missed a few points on everything. Usually, he said, students will fail because they missed an entire portion of the exam. His advice for me was to do a little better on every part of the exam. Since this was the first SPAL, anybody who failed was given a chance to redo it. I prepared for the retake in the same way that I prepared the first time. I just paid a little more attention to the nuances and minutia with each question. The retake went fine and I moved on.

A couple weeks before our second SPAL of the year, I attended the mandatory meeting where the instructor explained all the tests we were expected to do in that SPAL. He explained how to check the thyroid, and listen to the heart, and do that thumping thing to assess organ size. When he got to the eye exam, he told us how to use the ophthalmoscope to examine the retina.

"You won't be able to see anything in the back of the eye", he explained, "but still twist the focus knob on the side so it looks like you know what you're doing."

This little phrase ate at me. Was I learning to be a doctor, or was I learning to pretend? I know he probably just meant that we would learn how to do the exam later in Medical School or during residency, but I still wasn't happy with that. I didn't like that it felt as though I was just playing at being a doctor. Either I need to know it now or I don't.

A big topic of discussion during this meeting, and in Clinical Medicine overall, was "Protecting Dignity". In short, it meant we had to keep female patients covered while performing exams during SPAL.

The majority of Standardized Patients were female, but I don't why this was. It wasn't an issue for the majority of the encounter. Most of the exams didn't involve anything in any "sensitive areas". For this next SPAL, we had to do a heart exam. This caused some concern.

In a typical doctor's office, the doctor or nurse uses a stethoscope over the patient's clothes in most cases to listen to the heart. It saves time, they don't have to worry about the temperature of the stethoscope. It also means the doctor or nurse doesn't have to reach up the patient's shirt. As I learned, performing an exam over clothing is actually not the right way to do it.

"Skin to Win" was the mantra in Clin Med. All tests in SPAL had to be directly on the skin or we wouldn't get credit for doing them. Every exam, every palpation, and every listen with the stethoscope had to be on bare skin. This was difficult to practice. While we had the chance to practice with the gowns in lab, nobody was comfortable enough to let anybody actually stick their hand up their shirt.

The heart exam was the most difficult test to do on skin. A proper heart exam consists of listening to all 4 valves of the hearts twice. The doctor listens to the 4 valves one by one, then repeats it backward. It's very straight forward and only requires holding the stethoscope over the 4 different spots for a couple seconds. This simple exam is complicated by the location of the heart - right under the left breast.

"If your patient has large breasts, you may need to ask her to lift it up so you can listen in the right spot", Mr. Kolbinger explained to the class. He offered no tips on how to do so tactfully.

This concerned me. I like to be prepared for everything, but was lost on how to prepare for that. I spent some time working on the right way to ask such a thing, but eventually decided I would wing it. There's probably no great way to ask that question and I had other things to worry about. Worst case scenario would be me getting slapped by a large standardized patient. I decided it was worth the risk.

In addition to the heart exam being on skin, we had to keep the gown as close to the patient as possible. This was more dignity protection for the patient. The gowns tie in the back and don't have much form to them. Getting to the heart while letting the gown protect dignity is not intuitive.

Mr. Kolbinger explained that we needed to get the stethoscope on skin in the right areas with a gown blocking our view. He didn't explain how to do it (part of the assessment was figuring that out ourselves), but he did tell us that we had to ensure the patient didn't feel like we were doing anything inappropriate.

I figured out the gown part pretty quickly. We had practice gowns in the Clin Med lab to use on each other and it seemed like something I could play by ear in the SPAL.

The heart exam was a different matter. I needed to listen to the heart without coping a feel of my poor standardized patient. Luckily, the gown actually helped me here. Since I was supposed to let the patient cover themselves with the gown, the doctor observing the encounter couldn't see exactly what I was doing. I had to be close to correct, but I had some leeway.

To perfect this part, I employed a technique I thought I would take to my grave. I took a paper sack, drew a bra on it, and stuffed a pillow inside.

This gave me a perfect stand in for my patient's torso I could use to practice all the exams for SPAL. Using the bra as a landmark, I practiced listening to the heart, percussing the abdomen to determine organ size, and how to listen to the digestive system.

I was very careful when using my fake patient. I closed the blinds and turned my laptop camera away. I also put the bag in my trashcan whenever I left the apartment. If I died while walking to school, I didn't want my parents thinking I was a lonely pervert when they cleaned out my apartment.

I ran through the exam countless times leading up to the SPAL. I talked to my paper sack, getting the questions down and fine-tuning my speed and cadence. Then, I did all the physical exams on my paper sack. Again and again I practiced until I could do it without hesitation.

The second SPAL was exactly like the first up to the beginning of the physical exam. This time, a doctor watching from the other side of the mirror entered the room when I started the physical exam. They moved around the little room watching what I was doing, but not offering any immediate feedback.

It wasn't too unnerving for me. The doctor stayed out of the way and didn't make any judgmental noises as I worked. Since I practiced these exams dozens of times on my paper sack, having somebody watch me didn't trip me up. I worked through the exams just like I had in my apartment and ended up finishing with time to spare.

As for the heart exam, it went great. The patient, who already endured a few heart exams before I showed up, sort of took the lead on keeping the gown held up. I explained what I was going to do, then pulled the gown back just a crack. I stuck my hand in there, doing my best to look in the tiny gap between my hand and the gown. I was able to find the four spots I needed to listen to the heart without accidentally molesting my patient.

After I was done with everything, I dismissed the patient instead of leaving the room myself. Once the patient was gone, the observing physician finally acknowledged me. He was in his 40s and a little over weight. My only clear impression of him is that he reminded me of Patton Oswald.

I guess the bag worked like a charm. The observing physician said my exam was quick and efficient. He even asked me if I had worked in patient care before. Since he ran through his feedback so quickly, we spent a couple minutes chatting. I don't

remember what we said (I was pretty nervous), but he seemed like a nice guy.

Hearing the positive feedback from the doctor was amazing. Mastering a skill and applying it successfully is what I love to do. Knowing that my system worked was the high point of Med School for me.

A few days after each SPAL, there was a mandatory Clin Med lecture. During this class, everybody would pick up their grading packet from the front of the room and see how they did.

At the beginning of the class period, Mr. Kolbinger would go over common mistakes and show us the score distribution. It was always interesting to see what everybody got wrong.

With that out of the way, we were allowed to get our packets from the front of the room. This step always took forever, since there were a few hundred students that needed to get their grades. It was just a mass of students pressing to the front of the room to find out how they did. After the first time, I waited until most people were back at their seats before trying to get my packet.

The packet was a few pages long, with dozens of scores listed for each individual step that we were supposed to do. If we did anything wrong or missed anything, there would be a little note by that line that explained why we missed the point.

There was also a feedback section from the patient that did not factor into our final score. It graded us on likability and 'humanism'. I never did very well on this section. Try as I might, I just have such a hard time

acting like a human. One of my patients even commented, "I wish you changed your facial expression more during the exam."

My bad.

The last step of each SPAL was for us to individually watch the videos of our encounter and write a little feedback about how we thought it went. This was done through the course website, so we didn't have to watch them when anybody else was around..

I hate watching myself on camera, so I always just muted the volume and let the video play in the background while I studied or browsed the internet. Once the video was over, I switched back to the window and wrote feedback based on what I remembered.

Clinical Medicine was the only class in which I actually did well. At the end of the school year, I ended up with an A+, my highest grade in Medical School.

Chapter 7 -

DMU is an Osteopathic Medical School. This means they produce Doctors of Osteopathic Medicine, or DOs. The DO degree is very similar to an MD. A DO takes the same licensing exams and learns the exact same things as an MD. DOs and MD, in terms of patient care, are identical. The only exception is a single class taken during Medical School.

At DO school, students learn Osteopathic Manual Manipulation. It's a lot like what a chiropractor does, with cracking joints and adjusting bones. There's more theory behind it at DO schools, but thinking of it as 'a doctor who is also trained to be a chiropractor' is the easiest way to describe it. (DO schools would strongly disagree with this characterization.)

There is, in theory, some difference between a DO and an MD. When applying to DO schools, you have to explain why you want to be a DO instead of an MD. This was a difficult question for me to answer when I was applying to Medical Schools. Even after spending a year at an Osteopathic School, I have no idea how an Osteopathic Physician differs from a normal Physician.

Some student hate OMM. They see it as punishment for not being able to get into an MD school, as DO school tend to have slightly lower admission requirements than MD school. Many students apply to DO schools as backups in case they don't get into a school for real doctors.

I loved OMM. It was one of my favorite classes. The theory behind it is a little odd, but the techniques themselves were amazing.

OMM was the only class where we were taught how to diagnose something and how to treat what we just diagnosed. We learned how to feel somebody's ribs

and locate any uneven spaces, then we learned how to fix that. Joint pain, range of motion issues, uneven gait. All could be improved in just a few minutes.

OMM is the only part of Medicine I ever saw where a doctor can actually make a patient feel better. You can walk into the office with an issue, and leave with that issue resolved. That's exceedingly rare in modern medicine.

In the future, I expect OMM to start dying out. DO schools will remain open, but I don't see OMM staying widespread.

Up until 2020, there were two types of residencies. There were ACGME residencies and AOA residencies. Both DO students and MD students could apply for ACGME residencies, but only DO students could apply for AOA residencies.

At AOA residencies, DO students could learn how to integrate OMM into patient care. At ACGME residencies, no effort is made to teach anything related to OMM.

Having two residences also helps combat another big issue; MD bias against DOs. It's well known in the medical community that some MD residency directors refuse to even review applications from DO students. It gets worse the more competitive the field is. I don't know why this is, but it was a well known problem when I was in school.

If a DO student wants to do something extremely competitive like dermatology or plastic surgery, an AOA residency is pretty much their only choice.

Unfortunately for Osteopathic Medical Students, somebody decided to sell out all future DOs. In 2020, all

AOA residencies will either shut down or become ACGME residencies. No matter what a DO wants to do in the future, they will have to compete head to head for that spot with an MD at a residency program that isn't going to teach OMM.

(As an aside, isn't it absurd that training programs are shutting down at the same time a doctor shortage is projected?)

Since some AOA residencies shut down, this has the singular effect of making it harder to DOs to break into competitive residencies. It's not like those biased program directors are going to start considering DO students now.

I wonder who sold the DO students out. What was the real motivation for this change? Did somebody get rich off of restricting the supply of training programs? We'll probably never know.

OMM was a very important course at DMU. For one, it was the only class at DMU taught by real physicians. Everybody who gave a lecture was a fully licensed doctor. No other class at DMU even tried to incorporate doctors into lecture. Hearing from somebody who learned the material in the exact same way I did and applied it to patient care was a breath of fresh air in the stale DMU curriculum.

Like Anatomy, OMM class had a lecture and a lab every week. The lab was a huge part of the OMM course. This was where we learned all the techniques and tested them out on each other. Not only were there actual physicians in the lab with us, there were also fellow- medical students who took a year off just to learn more OMM.

At the start of the year, the instructors stressed that nobody ever got hurt in the OMM lab. Still, they carefully explained the procedure for what to do and how to report and injuries. I wasn't completely convinced of the safety. I'm am certain that a physician performing OMM is safe, but letting some 23 year old kid yank on my neck seemed dangerous.

Either way, I didn't have much of a choice. It was participate or fail. Lab ended up being perfectly safe. As far as I know, there weren't any injuries during my year there.

The OMM lab was on the second floor of the student center. It was a huge room, about 30 feet by 100 feet, with two walls made of floor to ceiling windows. Arranged in a 4 x 10 grid throughout the room were OMM tables, which look a lot like heavy duty massage tables.

As you walked into the room, there would be a list of names and table numbers printed on a sheet and sitting on the OMM table in the middle of the room. This sheet told you where you would be and who you would be paired with for the day. For attendance, there was a spot to sign next to your name.

After signing in and getting our assignments, we had to get changed into our OMM clothing. We had to wear special shorts and T-Shirts with the DMU logo on them. If we forgot our clothes, we had to check out some old clothes from one of the OMM TAs. They were brightly colored and a little ratty, making anyone who had to wear them stand out like a sore thumb. I only forgot my stuff once.

There was a little closet that was used as a changing area. There were probably around 50 guys in each lab, and this little 6x10 closet quickly became crowded. I was always sure to show up early so I didn't have to fight anybody to get into the changing room. Early on in the year, I figured out I could just wear my OMM gear under my street clothes. When it came time to get changed, all I had to do was slip out of my loose fitting clothing and I was ready to go.

Every lab, we changed and dragged ourselves out of the changing room. We found our assigned tables and waited for class to start. This was usually a good time to make small talk with your assigned partner. Between OMM and Clin Med lab, I was able to get to know most of the students at the bottom half of the alphabet.

Once class started, we had two hours of instruction on the techniques we were covering in class. The OMM fellows would demonstrate the procedure on a raised table at the front of the room, then we would have to do it to our partner. With the help of the doctors circulating around the room, it usually didn't take too long to get the basics of something down.

Twice a semester, we would have OMM practicals. This was where we would be judged on our skills.

The first OMM practical was harrowing. None of us really had any idea what to expect. DMU decided to change up the way we were tested, so second years couldn't help up out very much. The big changes were that none of the practicals would be cumulative, and the time would be shortened from 30 minutes to 15 minutes. I think this was related to the closure of all the AOA residencies; by the time we were out in the world,

there would be no residencies with an osteopathic focus. Given that, we didn't need to know the material as well.

Like all the other exams, we received very specific instruction on what we could have in the room with us. In short, we could bring only ourselves. No phones, hats, jackets, or anything that might have answers literally hidden up the sleeve.

On exam days, we were to dress in the same clothing we wore to OMM lab and head up to the office on the 8th floor of the clinic building on campus.

It was a real doctor's office with a legit waiting room. There were real patients waiting to see doctors, magazines spread around the room, and a big TV on the wall that was always playing The Travel Channel.

While waiting to be called back, all of us would sit in the corner by the TV and idly chit-chat or make inane comments about what was happening on the TV.

Exam times were spread across a few days. Every 30 minutes, 8 students would arrive in the waiting room and wait for their names to be called. Then, they would pair off and go back with whatever doctor was going to be grading the exam. We never knew who we would be partnered with until the examiner came out and called our names.

Following the doctor back to the exam room was always very stressful for me. Unlike every other test, doing poorly on an OMM practical was a very public failure. As you stood there and tried to remember what to do, you could just feel your partner judging you for not knowing.

We were always told that our partner was not to speak to us or help in any way. They were just there as

dummies for us to perform the OMM. This could be a challenge when you were acting as the patient. Since we all knew what position we were supposed to be in for the techniques, it was easy to help your partner get you adjusted. I did my best to stay limp, but sometimes I would forget. Luckily, I never got called out for cheating.

The practical exams were entirely performance based. There was a written test for the knowledge-based examination, but those were always a few weeks before or after the practical.

The first challenge of the exam was deciding who had to go first. We never knew who we would be paired with, so this wasn't something we could get out of the way ahead of time. One particularly anxiety-ridden day during second semester, I unceremoniously volunteered my partner to go first.

With that out of the way, we quickly got down to business. The examiner would get out a little digital timer and put 15 minutes on the clock. Then, they would ask us to pick a number between one and ten.

Based on our answer, they would use a little sheet to figure out what we would be asked to do first.

From there, it was a blur of setting up treatments, explaining what you were looking for, and actually performing some of the maneuvers. The examiner would always check our diagnoses before we were allowed to treat. Guessing or making up a diagnosis wasn't an option.

After the examiner ran out of questions or the timer went off, the two students would trade roles. Going second was usually a little easier, since there was some overlap on the material being tested. Sometimes a

question or treatment from the first exam would help you remember how to do something when it was your turn.

Thirty panic-inducing minutes later, one of us would be sent out to the hall while the other received their grade. The class average for practicals was always pretty high. Even my absolute worst performance still earned me a C. (During that exam, I lost my cool and had trouble remembering anything. The examiner kept me after the practical and showed me some techniques to calm myself down during future exams.)

I liked learning how to do all the OMM techniques, but I wasn't too happy being the guinea pig for my classmates. For one, I didn't trust them not to kill me. Second, I didn't like them putting their greasy hands all over me.

After every lab, I would go back to my apartment and shower. No matter what I had scheduled for after OMM, I made time for getting cleaned up. It wasn't as gross as Anatomy lab, but it was unpleasant. I never told anybody how much I disliked it, mostly because I didn't want to be rude. I'm sure they didn't like getting man-handled by me either. No point in complaining if we're all suffering and there's no way to change it.

I ended up getting a B in OMM, one of my highest grades in Medical School. This is the only course where I actually wanted to learn the material.

Chapter 8 -

As the end of first semester neared, I realized that I was going to pass all my classes.

I made a big spreadsheet with all my exam and assignment grades entered and organized. Using that, I could see my current grade in the class, what my grade would be if I got a zero on everything still ungraded, and the minimum number of points I needed to pass.

As the days (and exams) ticked by, the numbers started looking better and better. I wasn't going to impress anybody with my grades, but I was going to survive the semester.

There was only one exam I was worried about: the final Anatomy practical. Based on my grade book, Anatomy was the only class where I was in the danger zone.

On December 8th, I completed the marathon testing session typical of Anatomy and waited for my score. There were still an exam or two in other classes and an ethics project due the next week, but those weren't weighing on me. Though I hadn't failed an Anatomy test yet, I was incapable of guessing how well it had gone.

I spent the weekend worrying about it. I hated Anatomy with all my heart and soul. I wanted so badly to be done with that class.

Then, on December 11th, the grade was posted online. I got an 84% on the final. Good enough to let me continue.

For the entire next week, I felt this enormous sense of relief. Every since failing that first exam back at the end of August, I just waiting for everything to fall apart. Now here I was, 12.5% of the way through a Medical degree without failing a single course.

I did whatever I wanted for that week. I watched TV, ate huge meals, and generally slacked on studying for my other classes. The last test of the semester was on December 19th. I don't remember how it went, but I passed that class with the B, too.

Not everything was fun and games, though. My advisor, Dr. Benzoni, was not happy with my grades. During our last meeting of the semester, he was especially concerned with my Biochemistry grade. He was convinced that my biochemistry knowledge just wasn't going to cut it. I was annoyed that he was telling me my biochemistry grade wasn't acceptable. If a 74% isn't good enough, don't make 70% a passing grade.

His advice was that I enroll in a biochemistry course at the local community college, DMACC, to get a better foundation. He gave me this advice more than once.

If the local community college is able to provide adequate instruction for Biochemistry, what other courses could I be taking at DMACC instead? What the fuck am I paying you for? As a student who spent a sizeable portion of the year questioning Medical Education, telling me that a community college can teach me the same things as DMU fed right into my ideas that Medical School is a scam.

Tuition at DMACC is about \$150 per credit hour. When I was at DMU, the tuition was over \$1000 per credit hour. Maybe I should've asked about transferring in classes from DMACC. I could spend a couple years taking classes, save around a hundred thousand dollars, and not have to put up with the bullshit that is Medical School.

I told him I would look into taking the class, even though I had no intention of doing so. Have to keep your superiors happy, right? I would be dismissed before ever having the chance to even consider retaking the course, so it didn't matter anyway.

So December 19th came and went. After passing that last test of the semester, I packed my bag and drove to my parent's house. I'm lucky I lived close to my family. I know some students didn't have the time or money to visit their parents. Plane tickets aren't exactly cheap six days before Christmas.

My last test of first semester was on December 19th, and the first day of classes for second semester was on January 3rd. That 14 days the generous administration gave us to see our families and relax.

DMU doesn't have required classes, except for OMM. I remember they scheduled an OMM lecture for one of the first days back on campus.

The students were pissed. DMU was working hard to prevent us from taking an extra day of winter break. I know some students contacted the administration about it. I believe the official response was that we are allowed to miss two OMM classes during the semester. If we were unhappy about the schedule for the lecture, we should use one of our free passes to skip it.

Bastards.

I drove back up to my apartment on the night before classes were scheduled to start. I was ready for the semester to start and I wanted to get a more solid foundation than the last semester.

The semester started off fine. The first test was scheduled for five or six days after the classes resumed. I attended a few of the lectures, did practice problems, and studied harder than I had all year.

On the day of the first exam, I even got up a couple hours early to do even more flashcards. Luckily for me, the power went out at DMU an hour before the test. It was out for a couple hours, so the exam was actually pushed back a day.

It was like a personal miracle. I spend the time studying and earned a high B on that first exam.

I continued working hard, but the material quickly became disjointed. Anatomy was still weighing on me. It had no internal logic and didn't fit in with any of the other classes.

Overall, this semester looked a lot like first semester. I was still in the endless Anatomy class, listening to countless lectures and spending frigid hours in the lab.

Clin Med was unchanged in structure or presentation.

OMM was still going strong. That's the only class that runs through all of first and second year.

The only thing that changed were the classes jammed in between. Instead of Histology, we had Pathology. Instead of Biochemistry, I was suffering through Physiology. I'm sure there were other classes, though I can't remember what they were.

I started losing ground quickly. When classes really got into full swing, there was no discernible difference between this semester and the last.

One month into the semester, I failed a test. After that, things started to slip even faster.

At one point, I failed two tests in a row. Dr. Benzoni printed out both forms onto one sheet of paper, one on the front and one on the back. He joked that I should email the registrar and ask for a 5 cent refund on tuition since that's what he saved by printing it double-sided.

Just a couple months into the semester, I had failed a few tests and I was just as miserable as ever.

Chapter 10 -

The beginning of the end really started during spring break. It was the Thursday afternoon before classes were to resume and I was sitting at the desk in my room, trying to watch some Physiology lectures about the kidney. Classes were starting again on Monday, with a Physiology test scheduled for Tuesday and a Microbiology test on Friday.

I watched the first phys lecture, not absorbing anything. I started the second lecture when I felt a familiar knot in my chest. It was just like how I felt when trying to study for the first bio chem test. My therapist called it 'anxiety'. I call it 'fed up with the bullshit'. After 8 months, I was just finished. I couldn't learn another damn fact.

It was just so much information without application. I was learning these things, then forgetting them after the test. Nothing presented in lectures was being used to solve problems. Tests were just verification that I had collected a sufficient number of facts. Nothing built on anything else.

The second phys lecture didn't build on the information presented in the first lecture. It was just a random grab bag of information. Mastery of one lecture didn't at all contribute to the ease of mastering the second lecture.

I sat at my desk and stared at the wall for the better part of an hour, trying to think of a single reason to learn the material. I went to medical school because I wanted to solve problems. The part of the kidney that absorbs sodium didn't directly matter to me. I was interested in what could be done with that information. If the only thing I can do with something I learn is repeat it back, I have no interest in learning it. I'm sure

there's a problem you can solve with that information, that's not how the material was being taught and that's not how the material was being tested.

I still wasn't sure if being a Doctor actually meant anything. I wasn't convinced that doctors are any better at keeping people alive than other health care workers. What was the point in continuing down this path? These lectures felt like a hazing by a bitchy clique instead of a meaningful career choice.

After I had burned the exact position of every writing utensil in my pen holder into my memory, I left my room and made a cup of tea.

I slowly drank my tea and tried to calm down. Feeling burnt-out and hopeless was a common occurrence in medical school, but this time was different. The feeling wasn't passing.

I finished my tea and tried my hardest to focus on the lectures, but I just couldn't. It wasn't even that I couldn't focus. I was having some strong visceral reaction when I even tried to watch them that I couldn't look at the slides.

After a few hours of trying, enough was enough. I closed my computer and left my room. I didn't study another thing until break was over.

The first Monday back to school, I tried again to buckle down. I knew I was on a failing trajectory and I could recognize that failing was a bad thing.

I wasn't sure what it meant to be a doctor and the thought of failure didn't scare me. Without that, what reason is there to focus?

I tried a few times to study. I really did. That last day before the physiology test, I sat down and told

myself I couldn't get up until I watched all the phys lectures. (Not a great way to study, but it was all I had time for) While struggling through the first lecture again, I received an email from the professor. It reminded us that the exam started an hour earlier than normal. Anybody arriving late would be forced to take a makeup exam at the end of the semester.

That was my chance. If I took this test and failed, I was screwed. If I skipped and waited until the end of the semester, there was hope I could pass. I didn't know how I would feel at the end of the semester, but I knew there was no way I could feel more hopeless and disoriented than I did at that moment.

Instead of studying, I stayed up until 4 in the morning binge watching the first season of Imposters on Netflix in complete darkness. It was soothing in a way I hadn't felt since starting school.

The next morning, I emailed my professor and told him that I had gotten caught in traffic and would have to take the makeup at then end of the semester. I hoped that I would be in a saner place by then.

For the rest of the week, each day was just a struggle to take care of myself. I skipped as many required classes as I could without getting in trouble. I spent a ton of money on food. Not only did it feel like I was starving, I didn't have the wherewithal to cook for myself.

I know that I lived through the week (as evidenced by my continuing survival), but I can't remember many specifics. To figure out what happened, I had to go through my old emails and bank statements. It was like doing a forensic analysis of my own life.

Later in that same week, I had another micro test. I didn't watch any of the lectures. All I could do was go through the slides and make a list of bacteria we were expected to know for the test. Not with symptoms or how they were transmitted, literally just a list of bacteria. Just recognizing the name of a pathogen was my goal for the test. I ended up with a 50% on the exam. I didn't think that was too bad, considering the hour of study time I put into it.

On the second Monday after break (6 days after that phys test), we had the last Gross Anatomy test of the year. I tried everything, but I just didn't have enough time. I was feeling more focused and actually watched the lectures and tried to follow along, but it wasn't enough. Anatomy, more than any other med school class, places little emphasis on understanding the material. Anatomy only cares about the minutia that can be tested via a multiple choice question.

Watching the lectures doesn't even begin to prepare you for the tests. If you don't endlessly grind through the material, there's really no other way to learn it. The focus is on arbitrary names to structures in the human body. You have to know what it's called and where it is. Reasoning skills are not needed and do not help when learning anatomy.

Two questions that I remember vividly from the final were:

-Which of the following is not a branch of the Femoral Artery?

-Which of the following is a branch of the Anterior Cord of the Brachial Plexus?

No amount of reasoning skills can find the answer to those questions. You either know the branches of the femoral artery or you don't. Understanding how arteries and the vascular system work do not get you any closer to knowing the branches of any artery.

At least, that's how it seems to me. I've never discarded the possibility that I was just too stupid to see the higher order that would reveal the logical beauty of Anatomy. I don't think there is any way to logically approach Anatomy, but I like to keep an open mind.

On the day of the Anatomy final, I didn't even get up early to review the material. I was resigned to my fate. I didn't know if I was going to pass or fail, and I didn't really care.

I went through the practical in a haze. Somewhere in the back of my mind I recognized that I would never have to set foot in the Anatomy lab again, but I was too dazed to appreciate it. I just filled in the little bubbles on the scantron without much consideration.

It took a few days for the test scores to be posted. I checked my computer constantly, dreading what I knew was going to be a bad score. My spreadsheet told me that I didn't need a great score to pass the class, but I needed to get at least a C+ on both parts to pass.

Finally, on March 27th, the grade appeared on my dashboard.

I failed both sections.

Chapter 11 -

Right after the grade was posted online, my advisor emailed me:

Date: March 27, 2018
Subect: Re: PaulStrickler scored an F on Anatomy
Exam 5
From: Thomas Benzoni
To: Paul Strickler

Paul:
Let's chat.
Tom

I responded:

Date: March 28, 2018
Subect: Re: PaulStrickler scored an F on Anatomy
Exam 5
From: Paul Strickler
To: Thomas Benzoni

Dr. Benzoni,
Are you available tomorrow around 10am?
I think we have a lot to talk about.
Paul

I didn't know what to expect from this meeting, but I assumed it would put some things in motion. Failing a class is a Big Deal. Not only does it indicate serious deficits in knowledge, but it would haunt me

moving forward. DMU is very proud of their match rate and how often their graduates match into competitive specialties. Even if I had passed all my other classes, this failure would have prevented me from getting a good residency. I expected DMU to take notice.

I naively assumed DMU would act to ensure I stood the best chance possible of succeeding. Instead, they just waited until they could show me the door.

On March 29th, I met with Dr. Benzoni, and we discussed absolutely nothing worthwhile. It was a very short meeting, maybe 5 minutes, and Dr. Benzoni didn't have anything positive to say.

Instead, he repeated what would become the standard line from the administration. "Until the grade is finalized, nothing is going to happen."

The issue as I came to understand it with getting the grade finalized was the way to points for Anatomy were arranged.

Points were divvied up like so:

25 points from quizzes we took in the Anatomy lab before class

256 points from written and practical exams

3 points from mandatory seminars, one point for each lecture

Those last points tie nicely in to my complaints that the medical students were used as a selling point for the Master's in Anatomy program.

During second semester, the MS in Anatomy students would give lectures about 'Advanced Dissections' they did on the corpses. Essentially, the MS

students practiced advanced surgical techniques on the dead people, photographed the process, then told us about it.

The first group tried putting a stoma in one guy (it's a hole that bypasses the colon). I don't remember what the second group did, but The last did a commisurectomy (that's cutting the two sides of the brain apart).

To give the MS student's an audience, the actual med students were enticed with a single point to attend. It might not seem like much, but a point is a point.

The lectures were only 50 minutes and were scheduled during the noon lunch hour. They didn't support the class in any way and the information presented did not appear on the tests.

These Advanced Dissections were evenly spaced throughout the semester. The first was in February, the second in March, and the third in April.

You may notice that the final exam for Anatomy was on March 26th, while the final Advanced Dissection was on April 21st. The class technically ended one month after the final exam, meaning my failing grade would stay in limbo until that final point was posted.

During my talk with Dr. Benzoni, he told me there was really nothing to be done yet. There was no way my final grade would be posted before the final point from the Advanced Dissection came up in late April. His one productive suggestion was that I email Dr. Canby and talk through my options, but that was it.

This meeting, which I thought would be a turning point in my education, left me even more hopeless than

before. I failed a class in medical school and was met with a shrug. It was shocking.

My memories from the days following that meeting are even spottier than normal. There are emails I don't remember sending and events on my calendar that I can't remember attending. I did eventually email Dr. Canby. Timestamp indicates I sent it 2 days after meeting with Dr. Benzoni.

Date: April 5, 2018
Subject: Anatomy Remediation
From: PaulStrickler
To: Craig Canby

Dear Dr. Canby,

I recently met with Dr. Benzoni about my anatomy grade and he suggested that I contact you. I'm hoping we can meet to discuss my options and the next steps regarding remediation. Would you have time on Tuesday (4/10) or Friday (4/13) afternoon to meet?

Is there anything you would like me to prepare?

*Thanks,
Paul Strickler*

Rather than write a real response, Dr. Canby just sent me an outlook invitation for April 6th. He didn't include a message or any sort of comment, I just received the notification from outlook asking me to confirm the meeting. Given that I had no other choice, I accepted and worked on what I was going to say when I saw him.

I spent the entire morning before meeting with Dr. Canby preparing what I wanted to say. I prepared a little statement about what went wrong and why I think it happened.

For the meeting, I actually put on dress pants and a nice shirt. I still stupidly believed that I was having important meetings where actual decision would be made. I brought a printout of my spread sheet to show him that I was going to fail, whether or not I earned that one point from the Advanced Dissection.

It was during this meeting with Dr. Canby that I realized DMU did not have my best interests at heart. The meeting was short and Dr. Canby was apathetic. He acted almost confused that I was meeting with him.

He matter-of-factly explained, "The APC only meets during the last week of each month, and they give at least 5 days notice to students before each meeting. Since that last point for Anatomy falls the day before the APC meeting in April, it would not be possible to meet with them in April. You will most likely be meeting with the APC in late May."

So the APC can only be bothered to meet once a month and that I wasn't worthy of the April meeting.

I was a little put out. Was he really telling me that I was going to be forced to wait over a month before anybody would address my course failure? I wanted to

grab his shoulders shake him. I wanted to say, "You're the associate academic dean and I just failed a course. Maybe we can treat this with a little more urgency? I know you're happy being a pencil-pushing stuffed-shirt, but some of us still have goals."

Instead, I just stared at him. He must have read my dumbfounded expression, because he did offer to contact Dr. Matz. Saying, "I can email Dr Matz to see if he is willing to finalize your grade early so you can meet with the APC in April?"

I agreed, but it was a dead end. Either Dr. Canby never sent the email or Dr. Matz declined to finalize my grade. I never heard another thing about it.

I left Dr. Canby's office in a daze. I had failed a class and I was helpless to do anything about. DMU just expected me to wait around until the bureaucrats were good and ready to do their jobs. For a struggling student, this is a hard thing to put in the back of your mind.

One of the nice things about being out of medical school is that I can now say how I actually feel. Medicine is a small community and advancement depends more on who you know than what you know. Being rude to people in power is a good way to kill your career.

Now that I'm free, I can openly say that Dr. Canby is an asshole with a smug grin and a condescending tone. I hated every meeting with him and I am so glad I don't have to pretend he was a helpful person.

My therapist was extremely helpful during this time. She was the only person at DMU who was more

interested in helping me than in furthering her own career.

On the other hand, my therapist is the reason why I stayed at DMU after failing Anatomy. If not for her, I would have peaced out in early April and moved back in with my parents.

After becoming aware of DMU's indifference, I started seriously talking with my therapist about other career options. We spent part of every session for the rest of the year going over programs to investigate, people to email, and paperwork to get in order. While the DMU administration was sitting with their thumbs up their asses, I was slowly extricating myself from the University.

I wasn't ready to jump out of the plane yet, but I was making sure my parachute was packed and ready to go.

My therapist suggested that I research specialties and find out what kind of doctor I wanted to be, if I wanted to be a doctor at all. Up to that point, I had assumed I would be doing Family Medicine (the easiest specialty to get into). Her suggestion was meant to help me find motivation.

It did, briefly.

I spent time looking through all the different residencies that were available to me. I went through match rates, board scores, and program length. After ruling out the specialties that were now off-limits (due to my course failure and overall grades), there were still a fair number of programs to consider.

I found two specialties that looked particularly interesting. Psychiatry and Genetics. Both require

thinking outside of the box and some problem solving without taking place in a standard clinical environment. After researching those specialties, I had a second wind. Even though I failed one class, I was still in the running to graduate. If I could keep it together, I had a shot at actually graduating from Medical School. Neither of these specialties were terrible competitive, so a course failure wouldn't be a killer when it came time to apply to residency.

Also around the time I failed Anatomy., my therapist convinced me to meet with the school psychiatrist. For the months leading up to this point, she thought I would benefit from medication.

I knew why I was depressed. It's because Medical School sucked and I was in too deep to leave. I had spent years of my life and over \$100,000 to get to this point just to find out everything was a joke.

During my time at DMU, I would end up getting four different anti-depressant prescriptions from three different doctors/providers. I always thought about taking them, but always ended up changing my mind.

Taking medication to make Medical School bearable is like getting drunk before going into work. It helps you get through it, but doesn't it make more sense to find a job you don't hate?

Still, it was a free meeting with a psychiatrist and it's not like she could do any harm.

The psychiatrist only worked for a couple hours a week, and it took some time to get an appointment. Her office was on campus, right next to my therapists office. Once I showed up and checked in with the secretary, it didn't take long for her to call me into her office. We

shook hands and she introduced herself as Emily Shinwell, ARNP.

I was initially caught off guard, but brushed it off. I was expecting a meeting with a real Doctor.

We had a 30 minute appointment that led to an anti-depressant prescription.

Later, as I thought about our meeting, the details really started to bother me.

My medical school is willing to allow a nurse to act as a psychiatrist. This is completely legal in Iowa. ARNPs have independent practice rights. They can function in exactly the same way as physicians. ARNPs have no limits on the medication they can prescribe. There is no requirement for oversight by a real physician.

In a way, DMU was acknowledging that their own medical degree wasn't valuable. DMU is perfectly happy allowing a nurse to prescribe mind altering medication to medical students. DMU knows the ins and out of medical education and must know that the ARNP certification is just as good as a doctor. Who better to evaluate ARNPs than a medical school? My medical school looked at her training, looked at their own curriculum and decided the two were comparable.

Either that, or DMU decided her training wasn't sufficient and decided to let her give its students psycho-active drugs anyway.

So if I want to be a psychiatrist, I could get my BSN in a year and get my ARNP certification in 3 or 4. If I dropped out of Medical School and took that path, I could be a psychiatrist working in a mental health clinic years before my DMU classmates.

If I dropped out, I could actually be hired as the psychiatrist at DMU before my classmates were even finished with residency. How fucked up is that?

This is one of the defining moments of my descent at DMU. I still have the original copy of the prescription that the ARNP wrote me. (I never had it filled) It's such a stark reminder of everything bad that happened at that damn school.

Then, I started to investigate becoming a Geneticist. The body that governs Geneticists, the American Board of Medical Genetics and Genomics (ABMGG), offers 3 different fellowships. If you have a MD or DO, all 3 fellowships are open to you. If you have a PhD in Genetics instead, you can only apply for 2 of the fellowships.

My takeaway from the ABMGG website was that I could be a Geneticist without finishing Medical School. I could drop out and still have the option of becoming a real Geneticist trained alongside and doing the same job as people who graduated from Medical School.

Two programs. Two career paths. Neither of which required completion of Medical School.

Since the beginning of the year, on that fateful first day of orientation with VisualDX, I was unsure if Medical School was worth it.

Now, I was certain that it was not.

Looking into other specialties, I found more cases of so-called "Mid-level providers" who were functioning as real doctors.

There are Nurse Anesthetists, who do the exact same job as Anesthesiologists. Regular Nurse

Practitioners who can function just like a Family Medicine Doctor. Nurse midwives that deliver babies and overall look a lot like OB/GYNs.

If my goal were just to “help people”, wasn’t DMU saying that a nurse can do that job just as well as a doctor? In these specialties, what makes a physician better than a nurse?

I didn’t have a physician mentor at DMU. My advisor was physician, but my relationship with him was not close or deep. There was nobody for me to ask about the value of Medical Education. I didn’t have anybody I could go to with my concerns. Anybody employed by DMU would defend Medical Education because that’s the whole purpose of the school. I couldn’t think of anybody I trusted to give me a straight answer that didn’t have an agenda.

There are certainly specialties where a doctor’s training can’t be replaced by a nurse’s. Most of the surgical specialties (neurosurgery, orthopedics, transplant surgeons, etc) just need to have years and years of training to do that job. I do not think all physicians can be easily replaced with a nurse or PA.

I didn’t want to be a surgeon, so that thought didn’t really buoy me at all. Anyway, those specialties were already unattainable for some with grades like mine. With a course failure, I would probably have to fight Caribbean graduates just to get a Family Medicine residency in rural Montana.

I wasn’t completely done with Medical School, I just wasn’t going to put any work into it.

I could kill myself learning all that crap and spending the next 6-10 years learning even more crap just to get the same job as a Nurse with a Master's degree. Or, I could start coasting and see how well I could do.

Being a Doctor pays really well and provides good job security. If I could half-ass my way to becoming a Doctor, I totally would have done that. I still had some interest in becoming a care provider, but I knew I didn't have to put up with all the shit in Medical School to make it happen. I knew that failing out would not prevent me from becoming a Psychiatrist or Geneticist.

I decided that I would watch each lecture at least once, but I wouldn't make flash cards or do practice questions. I also decided that, with the exception of Neuroanatomy, I would only watch lectures and study for whatever test was coming up next. That was all the time and energy I could devote to school. With two tests a week, this only gave me 2-3 days before each test to watch all lectures (usually 10-15 hours worth) and 'study'.

Sometimes I didn't even manage that much. I remember a few occasions when I showed up for a test and I wasn't clear on what material was being tested. Outlook just told me we had a test, so I went to the big auditorium with my computer. It wasn't until the questions popped up on my screen that I could figure out what class I was supposed to have studied for.

I remember recognizing that something was very wrong with my approach to Medical School, but I couldn't bring myself to give a shit.

In essence, I gave Medical School the exact amount of attention that I believe it deserves.

My lack of motivation started to show in my grades. Using my spreadsheet of grades and relying on my higher scores from earlier in the semester, I found the absolute minimum amount of work I needed to expend to get a C in my classes. I was right on the line, either barely passing or barely failing.

Dr. Benzoni took notice. I guess my feelings for Medical School were obvious from my grades.

Date: April 17, 2018

Subect: Paul Strickler scored F on Neuroanatomy Examination I

From: Dr. Benzoni

To: Paul Strickler

Paul:

It looks like you've given up.

Stop by?

Tom

We met shortly after he sent this email, but I don't remember what we talked about.

There are some people who want to be a doctor no matter the cost. I believe this is the driver for most of the students to put effort into learning the material. It's not because the material is interesting or useful, but because you have to learn it or they won't let you wear the white coat. This singular desire makes questioning the material pointless. Some of my classmates would learn Mandarin if that's what medical school required.

That was never enough for me.

I had failed a class in Medical School. I reached out to administration and was met with indifference. Now, I didn't even think finishing Medical School was necessary to get the job I wanted.

I was supposed to keep passing tests with this massive albatross around my neck? Even if I was still buying into the hype of Medical School, that's an impossible task.

Chapter 12 -

On May 14th, 2018, I finally received notice from the APC about the Anatomy course failure.

For those of you playing along at home, that's 48 days (and probably around 12 exams) after I failed the final Anatomy exam.

That's 38 days after meeting with Dr. Canby about my course failure.

That's way too damn long by any reasonable measure.

May 14, 2018

Dear Mr. Strickler,

An academic review meeting before the Academic Progress Committee of the College of Osteopathic Medicine has been scheduled for Tuesday, May 22, 2018, at 12:10 PM, CDT, in the DMU Clinic room 605. Please report to and wait in the COM Administration reception area in DMU Clinic Sixth Floor, prior to your scheduled time. Once the Committee has convened, someone will meet you in that area and take you in for the meeting.

This meeting is to discuss your recent failure in the ANAT-1101B Gross Anatomy B course, to identify a mechanism of remediation, to go over your academic plans, and review policies in the DMU Student Handbook.

It is an expectation that you will participate in the meeting, either in person or by conference call. You are strongly encouraged to appear in person. Be advised that while you may have an advisor present at the meeting, the advisor will not be permitted to directly address the Academic Progress Committee.

Please contact Ms. Amanda Kutsch (Amanda.Kutsch@dmu.edu) to confirm your method of participation and whether or not you will have an advisor present. If you request someone other than your faculty advisor to be present, you must petition the Chair of the APC for approval at least three (3) business days prior to the meeting.

Voting members of the Academic Progress Committee, including myself as Chair, are as follows:

- 1. Andy Brittingham, Ph.D.;*
- 2. Jose Figueroa, D.O.;*
- 3. Greg Kolbinger, P.A.*
- 4. Don Matz, Ph.D.;*

Others in attendance, and serving as committee resources, may include:

- 1. Craig Canby, Ph.D. Associate Dean Academic Curriculum and Medical Programs;*
- 2. And an academic assistant to serve as recording secretary.*

Based on the matter before the Committee, each member has the responsibility to recuse himself or herself in the event of a conflict of interest. If you have concerns with any of those individuals participating in the meeting, please contact me directly (515-271-1434 or Matthew.Henry@dmu.edu). Do not attempt to contact any Academic Progress Committee members.

In preparation for the meeting, it is advised that you contact the designated Resource Officer for the College of Osteopathic Medicine, Dr. Kara Thompson, Associate Dean of Student Advancement. To

schedule an appointment with the Resource Officer, please contact Ms. Kathy Smith (515-271-1629 or Kathy.Smith@dmu.edu). This individual will provide information about the academic review meeting process and assist in answering questions that you may have. An overview of the Academic Progress Committee review meeting and other procedures related to the academic review meeting process is outlined in the APC Academic and Professionalism Review Meetings section of the DMU Student Handbook for the College of Osteopathic Medicine.

*Sincerely,
Dr. Matt Henry
COM Academic Progress Committee Chair*

When I received the letter, I was not in a good place academically or emotionally.

After the final Anatomy exam, but before Anatomy technically ended, Neuroanatomy started.

Neuroanatomy had the same professors as Anatomy, the same lectures, and the same format. It was a new class in name only. It was even half the usual number of credits, complimenting the similarly abbreviated second half of Anatomy I failed.

The way med school works is a little strange. Anatomy was a 2.5 credit class, and Neuroanatomy was also a 2.5 credit class. Since I failed both classes, I was considered for dismissal .

Now look at another class like Physiology, that one is a 6 credit class. If I had only failed Physiology, I would not have been considered for dismissal. Someone who failed Physiology presumably had a deficit in knowledge

with 6 credit hours of material. I only had a deficit in 5 credit hours of material. This means that some students could have started their second year knowing less information than I did when I was dismissed.

I often suspected that DMU broke Anatomy into two parts exclusively to catch students like me who struggled with Anatomy. By splitting it into two, they could dismiss students who did not do well in Anatomy. I heard from administration that they were proud of how well their students knew Anatomy. It makes sense they would work hard to protect this reputation by shitting on low performers.

Another oddity is that my GPA was above a 2.0. That's not a good GPA by any measure, but it is above failing. It's possible that somebody with a worse GPA who failed more credits than I did was never even considered for dismissal. It's a little strange how Medical School works.

In the 38 days since meeting with Dr. Canby, I had failed the first two Neuroanatomy tests. I mentioned earlier how I was always walking the line between passing and failing. With the Neuroanatomy tests, it was the same pattern. Even though I received a failing grade on two of the tests, I only needed an 80% on the third exam to pass the class.

The APC, after waiting over 5 weeks to meet with me, suddenly decided that a meeting was an urgent priority. They only gave me a week to prepare for our meeting, and set the date of our meeting for the day after the final exam in Neuroanatomy and the day before the Geriatrics final exam.

Clearly, meeting with them was not urgent or in any way time sensitive. Their decision to schedule a

meeting the day after the final exam was possibly malicious, but probably just due to incompetence.

To increase my chances of passing Neuroanatomy, I actually ignored the letter until after the Neuroanatomy final. In the interest of mental health, I tried to compartmentalize as best I could by just ignoring the APC.

I don't know whether or not it worked. I wasn't happy or productive for a single day of Medical School. It's hard to say if that week was any better or worse than usual.

I decided to devote a whole week to Neuro. I can't remember how much time I actually put into studying, I just remember that I forced myself to study it every day for as long as I could stand. There was a lot more riding on this particular exam. Studying for those 5 days before the test was not easy. Just because I wasn't actively thinking about the looming APC meeting doesn't mean it wasn't weighing me down.

I mentioned before that I often struggle to remember things that happened during Medical School. That week is another portion of the year where I have almost no clear memories. It's not even a blur; it's just not there.

Before I started going back through my old emails and files to get the timeline straight, I believed that I had contacted the APC assistant the same day I received the letter. When I saw the dates on my emails and the APC letter, I thought the dates on the emails were wrong. More digging revealed exactly what I had done and when. I like to think I have a good memory, but reviewing what happened during this section of the school year makes me question myself.

At this point in the year, I was completely broken. I was defeated. I had mentally given up on being a doctor, but I was still emotionally invested. My school abandoned me and I couldn't get past that. I wasn't sure I wanted to be a doctor any more. I wasn't even sure being a doctor meant anything. I blamed my school for that. There was an immense amount of baggage preventing me from being a happy student.

It seemed like my school expected me to have enough faith that I would obey without question. The professors, who weren't physicians, would vomit trivia at us and then hammer us on the details on the tests. The administrators, who also weren't physicians, felt no need to justify the curriculum. I failed my classes, but my school failed too.

My hope dwindled to nothing when I received that APC letter on May 14th. If the APC was worried about my progress, they would have met with me earlier. If the APC cared about my success, they would not have waited so long, then jammed the meeting in between two final exams. The APC condemned my medical career to death long before the meeting and it took me too long to realize what was happening.

I saw what was coming before I took that final Neuroanatomy test. I knew I wasn't going to do well enough to pass the class. The end of my medical career was coming and there was nothing I could do to stop it.

Knowing the end is near is both freeing and terrifying. Sitting at my desk in my little apartment, I felt like the idiot who takes too long to realize he's the butt of the joke. The anonymous figures in the high rise office building on campus had already decided what was

going to happen. I was just dancing for their amusement.

I wanted to do something specifically to commemorate what was coming. I had to memorialize the end of my medical career and it had to be special. There were a few requirements I set for the occasion. It had to be before I failed Neuroanatomy, it had to have special alcohol, but I couldn't get super drunk, and I had to be alone. It was going to be a quiet event.

The week before, I rode out to my parents' house with my sister for dinner. On the way back into town, we stopped at the Hy-Vee right off the highway because my sister needed some groceries. She sent me in while she stayed in the car with my two nephews.

I picked up everything on her list, then went over to the liquor section to find something for my end of Medical School event. This is the very liquor section where I would be hired a couple months after failing out of Medical School. Weird how these things work out.

I didn't know much about liquor, but scotch seemed like a sufficiently fancy drink for my purposes. After just a few minutes of looking, I bought a bottle of Monkey Shoulder scotch. It was a good price and had a monkey on the bottle. What else can you ask for?

I took the bottle home and stored it on the top shelf of my food cabinet.

On the last Saturday before the test, the time was right to crack it open. I opened the bottle and poured myself some scotch over an ice cube.

I sat alone in my apartment and toasted the end of Medical School. It was my final free evening as a

Medical Student. Once Monday rolled around, I would be a dead man walking.

For one last evening, I could sit in my apartment and pretend everything was okay. I was a Medical Student still on track to become a doctor. I was in good standing at DMU. In less than 48 hours, that would not be true anymore.

It wasn't a sad occasion and it most definitely wasn't a happy one. I wasn't exactly mourning the end of Medical School, but I worked so long and hard to get where I was. Very soon, all that effort was going to be thrown in the trash. I couldn't let it pass without acknowledging it by doing something out of the ordinary. This little party alone in my apartment was the best way I could think of to mark the end of the journey.

Looking back, I'm glad I put the effort into marking my last weekend as a Medical Student. Having that hard line between being a Medical Student and not being a Medical Student. I don't know why it helps.

On Sunday, I kept studying Neuroanatomy. I wasn't going to pass the test, but I couldn't just give up. I also sent an email to the APC secretary and asked for more information about the APC meeting.

Walking into the final Neuroanatomy test felt just like walking into the first Biochemistry test. I wasn't exactly worried; I was more curious about how it would turn out.

As I worked through the test, I kept a tally of questions I was certain I answered correctly. By the time I finished the test, I only had a handful of hash marks. I reviewed my answers, but nothing came to me.

After an hour of filling in bubbles, I submitted my test and scrolled down to see my score.

37/50 (C)

I passed the test, but failed the class by 3 questions and ended my time as a medical student. Like Anatomy, I was just a few points short of 'good enough.'

"That's the end of that." I thought to myself. I spent the five minutes looking back over my time at DMU. Thinking about what I would miss (nothing) and what I was going to do next.

The five minutes I had to wait before leaving all of a sudden felt significant.

I didn't have time to dwell on my failure. After receiving my grade on the test, I had around 24 hours to prepare for the APC meeting about Anatomy.

As soon as I walked home, I checked my email. The APC secretary sent me a reply sometime during the Neuroanatomy exam.

There wasn't too much information in the email. She 'suggested' I write a statement explaining why I think I failed and what I will do differently in the future. I could read it at the APC meeting and provide them with a copy if I wanted.

I wrote her back right away:

Date: May 21, 2018

Subect: APC

From: Paul Strickler

To: Kara Thompson, DO (Academic Dean of
Student Advancement)

Thanks for your reply.

*I just failed neuroanatomy this morning. (passed
the test, failed the class)
How will the affect the meeting tomorrow?*

*Thanks,
Paul*

After sending that email, I scheduled an appointment with my therapist. She told me she always kept a slot open in the afternoon for emergency appointments. I decided this counted as an emergency and emailed her to ask if the slot was still open.

During some of my therapy appointments, my therapist and I spoke about APC meetings and how they would go. I got the impression that many students who ended up in front of the APC were also in therapy, so she knew the process pretty well. I really wanted to talk to her before going in front of the APC.

She replied to my email in just a couple of minutes. She blocked off the time, which started in only 30 minutes, and I prepared for our meeting.

We spent the hour talking about everything that happened during the year and what I wanted to tell the APC in the meeting the next day. As we talked, she made a list of points I brought up for inclusion in the letter. After the appointment was over, I had a decent list of things I could bring up. We then scheduled an appointment for the next morning so we could talk about the statement I wrote before the APC meeting.

Later in the day, I got another email from Dr. Thompson:

Date: May 21, 2018
Subect: Re: APC
From: Kara Thompson
To: Paul Strickler

Paul

I am so sorry - you must be feeling so much stress.

That will not change anything tomorrow (they might bring it up) - however, you may want to address it.

If you officially fail the course after all questions are given back, there will be an additional dismissal hearing.

Let me know if you have other questions.

KT

Isn't that some typical DMU bullshit?

The next morning, I took my statement to my therapy appointment and we talked though it. She was very encouraging and helped me feel prepared for whatever the APC could throw at me. I left the meeting feeling as prepared as could be expected, given the circumstances.

The letter from the APC didn't specify dress code, so I had to wing it. I went with a long sleeve button down, dress pants, and a tie. It was hot and I was nervous, but I just had to hope the meeting would end before I sweated thought any of my layers.

I went up to the temporary office of the APC on the 6th floor of the clinic building. After checking in with the secretary, I took a seat outside the room where the APC was meeting.

Sitting outside that room, I was both terrified and angry. This meeting was too little too late to save my Medical School career. There was less than two weeks of classes left and the APC finally took notice of me. Bastards.

On the other hand, the thought of having to forge a new path outside of Medical School still terrified me. I didn't want to be in Medical School, but I didn't want to go through the process of choosing a career again.

So I sat there, taking deep breaths and practicing calming techniques.

After nearly 15 minutes of waiting, the door opened and the secretary called me inside.

The room was about 15 feet by 30 feet. In the middle of the room sat a long rectangular conference table. There were six people sitting clustered around the short end of the table. I was shown to a seat on the opposite end from APC members.

Once I was settled into my seat, Dr. Henry, the APC chair greeted me. He went through some procedural announcements, such as introducing everybody and explaining why we were meeting (like I didn't already know).

Then, he asked if I had a statement I wanted to read.

I told him I did and he invited me to read it.

What follows is the exact text of what I read to the APC.

May 22, 2018

To whom it may concern,

I have wanted to be a doctor for years. I spent a significant portion of my life working to get where I am. I was looking forward to not just being a doctor, but also facing the unique challenge of medical school. When I finally started medical school, it was not what I had anticipated. The learning experience and the tools required were both very different from what I was hoping. Coming to terms with the reality of medical school is closely tied to my performance in all my courses, especially anatomy.

The biggest adjustment for medical school was the sheer level of rote memorization. In undergrad, I integrated information in a course into a narrative that helped me organize and remember information. Simply understanding the material was no longer good enough to do well on the tests.

My struggles were compounded by a deep unhappiness I've felt since being here. Medical school is so different than I imagined, and that reality has always felt like a weight around my neck. This manifested itself by low motivation and low desire to learn. Some days, I barely had the energy to get out of bed.

I have worked to address both these issues, trying multiple paths to improve my learning and my mood.

I primarily focused on improving the learning aspect, trying a wide range of potential solutions. At first, I spent a great deal of time trying to wrangle the information into a format that worked for me, rather than change my methods to adapt to the material. When that didn't work, I visited CTL, I tried making flashcards, buying premade flashcards, using the class quizlet, and using ExamMaster. I also varied my focus on the material provided by the professors, shifting my focus from handouts, to lectures, to powerpoint to find which gave me the most benefit.

I found a workable rhythm, and second semester started off strong. I did decently on the first few rounds of exams in my classes. The first anatomy test of second semester did not go well, but I believed that was a fluke, and I doubled down on my system for the second set of exams.

A huge barrier to effectively studying was my depressed mood. When I felt bad, I just could not bring myself to put in the time needed to pass my exams. Coming back from spring break and settling back into the grind of medical school was difficult and had a strong negative effect on my mood. Even if my study system worked, I was in no place to effectively implement it.

To fix this, I focused on improving my personal habits. I set a regular sleep schedule and made personal wellness and fitness goals. I continued with counseling services. I worked hard to manage my mental health and deal with the stress of medical school. If I could stabilize my mood, I could at least keep passing test.

Most of my failures have been by a very narrow margin. This leads me to believe I have the tools and ability to do well by continuing to refine the system that I have been using. I need to work harder on maintaining an elevated mood by adhering more closely to a sleep and study schedule, eating better, and continuing use of student counseling services. I also need to work more closely with CTL and other students to change the way I organize and retain the material. By addressing those two main issues, I am certain that I can succeed in the course the second time around.

I still want to be a doctor and I still want to be a student at DMU. Medical school has not been what I imagined, but I never lost me desire to be here and to succeed.

*Sincerely,
Paul Strickler*

After I finished reading, I looked up at the assembled APC members and was met with six inscrutable faces.

Dr. Henry asked me for a paper copy of the statement, which I gave to the recording secretary.

After that, the APC started questioning me. I don't remember exactly what they asked, but I do remember feeling like it wasn't really relevant to my situation. Their questions were mostly about how many times I visited the CTL and what the CTL told me to do.

The APC had absolutely no advice for me that I hadn't heard before. In this meeting, it was also suggested that I start meeting with course professors.

Something I had already tried multiple times, but the APC didn't know because they didn't think to ask. (And I was in no place to coherently correct them)

Part of the issue was probably the shortage of actual physicians on the APC. There was a PA, 4 PhDs and just one real doctor in attendance at this first meeting. The reason they couldn't help me is because only one of them even wanted to be a doctor, ever been through Medical School. They couldn't solve my problem with finding the value of Medical Education because none of them ever had to use the information they were presenting in the context of patient care.

There was no way the APC was ever going to provide me with the help I needed, but that doesn't excuse the insane amount of time it took to schedule our meeting.

As the meeting was wrapping up, Dr. Matz asked me, "What will you do in the future to be successful in classes?"

I wanted to say, "Well, that's a fucking stupid question. The semester is all but over and I've already failed another class." Instead, I just repeated the advice they had given me all year. "Meet with course professors and see the CTL."

It was worthless. All they did was waste my time and parrot the unhelpful advice in their computer generated emails.

Their advice made it clear they didn't really care what my issue was. I wonder if the APC gives the exact same advice to every student? Given the irrelevance of their advice to me, I would guess they just echo the same thing every time. I needed help finding purpose in

Medical School. I already knew how to use a fucking flash card.

I went home even more pissed off than before, but I again had no time to really think about what happened. I had a Geriatrics test the next day and there were about 10 hours of lecture I needed to watch.

Usually I started watching lectures a little earlier than the day before the test, but the APC meeting took precedence over studying and I was behind.

I spent the evening going over Geriatrics lectures. My focus wasn't great and my efficiency was the lowest it had been all year. I didn't actually finish watching lectures before I went to bed the night before the test, so I set my alarm for early the next day. On the morning of the test, I spent about three hours watching lectures. I finished up 30 minutes before the exam's scheduled start time and hurried over to school to get my place in line outside the testing room.

The test was fine. I earned a C+ on the test, which I thought was excellent given the circumstances.

I ended Geriatrics with a C+. Funny how stuff like that works out.

Chapter 13 -

On May 24, 2018, I received the APC's decision about Anatomy remediation.

Their decision was to wait until after I officially failed Neuroanatomy, and then expel me.

No, really. Read the letter.

May 24. 2018

Dear Mr. Strickler,

Thank you for participating in the Academic Progress Committee (APC) meeting on Tuesday, May 22, 2018. This meeting was scheduled because of your recent failure in the ANAT-1101B Gross Anatomy B course, to identify a mechanism of remediation, to go over your academic plans, and review policies in the DMU Student Handbook.

After a holistic review of your academic record, the Academic Progress Committee has determined you are:

-Hereby placed on academic probation as denoted in the Student Handbook, Academic Probation, Item #2 (Page 66 of DMU Student Handbook).

-Required to meet with Dr. Craig Canby, Associate Dean, to devise a plan of action and review academic policies in the DMU Student Handbook.

In addition, the Academic Progress Committee has determined to table making a decision on the ANAT-1101B Gross Anatomy B course remediation until all Spring 2018 grades are finalized.

The members also strongly recommend that you make use of available DMU resources by contacting the Center for Teaching and Learning at CTL@dmu.edu, 515-271-1516; or contact the DMU Student Counseling Center, 515-271-1392 or email counseling@dmu.edu for assistance as needed.

Please be advised that a second course failure during this academic year will result in a dismissal hearing with the Academic Progress Committee.

We want you to be successful in the curriculum. Please continue to keep Dr. Canby, Associate Dean for Academic Curriculum and Medical Programs, and your advisor informed of your progress.

*Sincerely,
Dr. Matt Henry
COM Academic Progress Committee Chair*

Their decision “to table making a decision on the ANAT-1101B Gross Anatomy B course remediation until all Spring 2018 grades are finalized” was a surprise to me. I didn’t even know they could do that. I was expecting some big decision to come out of that APC meeting, but it looked like I was going to be trapped in limbo until the next time the APC felt like meeting.

I still have mixed feelings about the way that meeting went. Dr. Canby told the APC about the neuroanatomy grade, even though it wasn’t yet official. Back when I asked if I could meet with the APC about Anatomy, I was turned down because that grade was not yet posted. Seems to me that the APC either should

consider pending grades or ignore pending grades. By selectively considering those pending grades, I was screwed both times.

The APC should never have been told about my Neuroanatomy grade. We were meeting about Anatomy and the decision to consider information about another course was wrong. It was a Review Meeting, not a dismissal hearing. Finding out about that neuroanatomy grade influenced the APC when it shouldn't have.

I also take huge issue with the decisions made by the committee.

First, I was placed on Academic Probation. There are a bunch of limitations and requirements for students on Probation. One of which is the explicit warning that failing a second course can lead to expulsion from the university.

The APC put me on Academic Probation with the full knowledge that I had already violated the terms of Probation.

Bastards.

Instead of it being a helpful or supportive move, it was the biggest dick move I experienced during my time at DMU. The semester was just days away from ending. 57 days had passed since I first alerted DMU to my anatomy failure. What exactly was the point of putting me on probation now?

They also warn me that failing a class will result in a dismissal hearing, like they didn't know I already failed another class.

To me, this exemplifies just how useless the APC really is. During my meeting, I was just given the same shit advice they had given me in those letters. I worked so hard on my letter to the APC. I worked to make sure

the APC understood the root of my trouble because I thought they would take an interest and help me with my problem.

However, the APC was completely unable to give me personalized advice or even generic advice that was helpful to my situation. Not only was it the same advice as before, it was advice I had already tried. I had visited the CTL. I had tried meeting with professors.

The letter also says the APC wants me to 'be successful in the curriculum'. I never saw any evidence of that.

During the course of the school year, I received 16 letters from them with the same two pieces of advice. I have no clue why they wanted to meet and give me the same damn advice.

They also told me to meet with Dr. Canby, even though the semester was effectively over.

What could that smug bastard possibly tell me? The only thing he was good for is trying to force students onto the 5 year plan.

It was just another piece of canned advice from a worthless bureaucracy. The APC forced me to meet with Dr. Canby because all students have to meet with Dr. Canby. There was no consideration for how helpful it actually might be.

This letter pissed me off more than anything all year. I understood that the huge bureaucracy at DMU isn't able to help every struggling student, but they weren't even trying with me.

I placed so much emphasis on that APC meeting. I was so hopeful it would give me clarity about why I was

at DMU and how to reclaim the drive that got me in the door in the first place.

Instead, it was a bunch of PhDs who couldn't even imagine what it's like to be a medical student dispensing the same sorry advice no matter what student walks through their door.

Those people couldn't help me because they couldn't even begin to relate to me. They might be skilled in helping students who didn't know how to study, but they were incapable of helping a student questioning if Medical School is worthwhile.

Back in the beginning of the book, I talked about that court case with the dismissed student suing to be reinstated at DMU. In that same decision from the courts that I quoted before, there a paragraph describing an interaction between the student and the APC:

"On December 18, Dr. Matz wrote to [the student] to inform her that the APC had decided to place her on academic probation. As a standard term of that probation, [She] was required to withdraw from her elective courses for the next semester so she could focus on her core classes. Dr. Matz again encouraged [her] to use the student counseling center and CASE, attend all classes, and enter the Extended Pathways to Success Program."

That sterile, likely auto-generated letter I received after my meeting with the APC is the document being described by the courts. It's still so interesting how something so unhelpful and cold can be spun into something that sounds so personal and concerned. If you didn't know any better, you would think Dr. Matz actually reached out to the student, rather than

probably just clicking a few buttons and letting a computer auto-fill and auto-send a form letter.

I met with Dr. Benzoni to talk about the decision. He seemed to share my frustration with the decision the APC made. Not only did he seem to sympathize with the length of time I had to wait, he also sympathized with how much lack of resolution really, really sucks.

Per the APC, I met with Dr. Canby on May 30, 2018, but our discussion wasn't productive. He just told me that students in my situation were usually dismissed and there was nothing to be done at this point.

Asshole.

There was nothing else to talk about. Since classes were over, it's not like he could help me out with current classes. (Not that I believe Dr. Canby is capable of helping students academically.) It was too late to start the 5 year plan. (not that I was ever going to extend first year.) We didn't even try to 'devise a plan of action'. At least he spared me that.

So that was it. The big APC meeting I waited weeks for fizzled into nothing. There was no help offered, no path ahead of me, not even a consolation prize. I was just as lost and without purpose as I had been all semester.

Sometimes, it feels like Medical School was just an experiment by DMU administration to see how far they could push me before I snapped. They systematically destroyed my purpose, my faith in medicine, and my faith in Medical School. Then, they dragged out the process of expelling me for an inhumane amount of time.

I'm lucky I made it out of DMU alive.

I finished out the semester with all time high levels of apathy. Nothing mattered. I wasn't going to fail any more classes, so the APC wouldn't have any more material to use against me. It was time to just go through the motions until the hammer came down.

The last test I took was the Physiology makeup test for that one I missed when I was paralyzed with anxiety.

Only the slackers who missed a previous exam had to take it. The upside was that it was cumulative and no new material would be covered. To me, this meant I didn't have to study, although I think the professor's intention was to make us study everything.

I decided to make a game out of it. I needed a 40% on the test to pass the class. The test was out of 100 questions, so I only needed to get 40 right.

My plan was to go as fast as possible and submit the test as soon as I was confident about the answers for 40 of the questions. I was hoping to be out of the testing room in under 10 minutes. I didn't want to pass the test, just get over that 40% mark.

When nothing matters, why not have some fun?

The morning of the test was quite different from other test days. I wasn't nervous and I wasn't tired. Rather than staying up late frantically watching lectures, I watched TV and went to bed early.

I arrived at the testing hall my usual 15 minutes before the scheduled start time and watched the other students. There were only about 20 of us that had to take this test. The others were talking, but I didn't join

in. I hadn't made friends with any of them during the school year and I wasn't about to start trying now.

Right on schedule, the doors opened and we filtered into the room. I found my usual seat in the back. Since there were so few of us, I finally got to take a test in something resembling solitude.

We went through the circus that was testing at DMU. Explanation of how testing worked (in case we forgot), and then finally the password to the exam.

The first question popped up and I actually knew the answer. I checked the box and made a hash mark on my paper. As soon as I had 40 hashes, I was home free.

I moved on to the next question. No fucking clue.

Next question. Same response.

I started skipping questions and only answering ones I was sure I could get right.

When I reached the last question, I only had 6 hash marks on my paper.

Well, shit. This wasn't going to be as much fun as I planned.

I started over from the beginning and took it like a real test. Eliminating wrong answers and guessing.

While I thought I could finish in record time, I ended up finishing in around the same time as everybody else.

I clicked submit and held my breath. I didn't care about passing the test, but I didn't want to give those APC bastards the satisfaction of seeing me fail another course.

I don't remember my score. I know I failed the test, but I also know I passed Physiology. I guess my score was somewhere between 40%-70%. Probably closer to 40.

It was a fitting end to the year. I didn't know the information and I didn't give a shit.

Chapter 14 -

Unlike the end of the first semester, there was no feeling of relief this time around. Months had passed since I failed anatomy and there was still no decision on that front. Weeks had passed since failing Neuroanatomy and I was still waiting for that shoe to drop.

Instead of looking forward, I was trapped in place while I waited for somebody to actually tell me what was going to happen.

I couldn't look for an apartment for next year, since I knew dismissal was a near certainty. I couldn't move out of my apartment either, since there was still a chance I would be allowed to stay at DMU.

It was not an easy time. Since late March, I had been waiting for DMU to do something. By this point, I was exhausted and lost. It felt like DMU was waiting for me to get the hint and leave on my own without a messy dismissal process.

That said, there was only a 13 day gap between receiving the decision letter from DMU after the first hearing and receiving the notice of a dismissal hearing. While it felt like I spent all summer waiting, it was actually a pretty quick turnaround.

After 57 days of being ignored after failing Anatomy, the APC got their shit together. It was like DMU finally realized they needed to dismiss me and fast-tracked all the paperwork.

June 6, 2018

Dear Mr. Strickler,

A dismissal hearing before the Academic Progress Committee of the College of Osteopathic Medicine has been scheduled for Friday, June 15, 2018, at 12:10 PM, CDT, in the DMU Clinic room 605. Please report to and wait in the COM Administration reception area in DMU Clinic Sixth Floor, prior to your scheduled time. Once the Committee has convened, someone will meet you in that area and take you in for the meeting.

You have been referred to the Academic Progress Committee for a dismissal hearing for the reason cited within the Des Moines University's Student Handbook:

A student has had two failures in required Year 1 courses, whether remediated or not.

It is an expectation that you will participate in the hearing, either in person or by electronic means. You are strongly encouraged to appear in person. Be advised that while you may have one person present at the meeting (not to include any employee or agent of the University), the individual will not be permitted to directly address the Academic Progress Committee.

Please contact Ms. Amanda Kutsch (Amanda.Kutsch@dmu.edu) to confirm your method of participation and whether or not you will have a person present at least three (3) business days prior to the meeting.

Voting members of the Academic Progress Committee, including myself as Chair, are as follows:

- 1. Andrew Brittingham, Ph.D.;*
- 2. Jose Figueroa, D.O.;*
- 3. Don Matz, Ph.D.;*

4. Greg Kolbinger, P.A.

Others in attendance, and serving as committee resources, may include:

- 1. Craig Canby, Ph.D. Associate Dean Academic Curriculum and Medical Programs;*
- 2. And an academic assistant to serve as recording secretary.*

Based on the matter before the Committee, each member has the responsibility to recuse himself or herself in the event of a conflict of interest. If you have concerns with any of those individuals participating in the hearing, please contact me directly (515-271-1434 or Matthew.Henry@dmu.edu). Do not attempt to contact any Academic Progress Committee members.

In preparation for the hearing, it is advised that you contact the designated Resource Officer for the College of Osteopathic Medicine, Dr. Kara Thompson, Associate Dean of Student Advancement. To schedule an appointment with the Resource Officer, please contact Ms. Kathy Smith (515-271-1629 or Kathy.Smith@dmu.edu). This individual will provide information about the dismissal hearing process and assist in answering questions that you may have. An overview of the Academic Progress Committee hearing and other procedures related to the dismissal hearing process is outlined in the Dismissal Procedure section of the DMU Student Handbook for the College of Osteopathic Medicine.

Sincerely,

Dr. Matt Henry
COM Academic Progress Committee Chair

Receiving this letter wasn't as stressful as the first invitation from the APC. It was unsettling, but not panic-inducing.

At this point, I was ready to leave DMU. I didn't have much respect for the APC, but I still wanted to give it my best shot. I tried as hard as I could to stay at DMU and was shunned. I have no regrets about the way I handled anything with the APC.

I sent an email to Kara Thompson, the same person I emailed before the other APC meeting, and asked how this meeting would be different. She sent back a quick reply:

Date: June 13, 2018
Subject: Dismissal Hearing
From: Kara Thompson, DO
To: Paul Strickler

The process is essentially the same. You may bring someone who is there for support (there is paperwork for that), you have the right to say someone on the committee has a conflict of interest in your hearing (but you have to state that soon if you have an issue), you have the right to present a statement. The difference is, with the previous meeting, dismissal was not a potential outcome. For this meeting, dismissal is a potential outcome.

I strongly suggest writing a statement the outlines what went wrong, and what you plan to do to prevent any future course failures.

I know this must be extremely stressful. Are you doing ok? Do you have support?

Dr. T

I waited until the next day to reply:

Date: June 14, 2018
Subject: Dismissal Hearing
From: Paul Strickler
To: Kara Thompson, DO

I appreciate your concern.

It has been over two months since I was first made aware of my failure in Anatomy and I still don't have a plan for next year.

I'm less stressed out and more relieved that I will finally get an answer, no matter what that answer might be.

Thanks.

It probably wasn't the most prudent thing to say, but I was pissed and I wanted her to know it. I wasn't stressed out or scared about the meeting. The process

had dragged on for so long and I was ready for it to end. I hope she appreciated my candor.

I worked with my therapist again and did a fair amount of soul searching before the meeting with the APC. This dismissal hearing was my last chance to make my case for staying and I needed to succinctly and accurately explain my situation to the APC. I believed if I could tell the APC why I did poorly and why I thought I could do better, that would give me the best chance of a positive outcome.

Once the meeting day finally rolled around, I was ready to go. This is what I had been waiting for since March. It was time to end this.

For lunch, I went out and bought two chicken sandwiches from Burger King. They weren't great, but I wasn't in the mood to cook for myself and I needed to keep my strength up for the meeting. The fool that I was, I thought the meeting would be a deep examination of my progress in Medical School and I would need to stay sharp during the meeting.

I finished my lunch and walked over to school. It was my own personal Green Mile, every step bringing me closer to the execution chamber. Unlike in the book, nobody I saw on my walk knew I was headed to my doom. I passed a few (soon to be former) classmates during my journey, but didn't think I could have a coherent conversation. We just nodded at each other and moved on.

Once I got to the APC meeting room, I took a seat in the same chair as last time and stared at the clock. After between 10 minutes and 4 hours later, the door opened and the secretary called me in.

This meeting started exactly the same as the other. Dr. Henry explained why we were meeting as asked if I had a statement prepared.

I told him I did and he asked me to read it.

June 15, 2018

To whom it may concern,

When trying to retain new information, not being able to apply the information or place it in the context of a bigger picture is the biggest barrier I can face to retention. Throughout my first year at DMU, I have struggled with this issue in every single one of my classes. No matter what I tried, I was never able to see the material as anything other than an odd assortment of disparate points.

As I mentioned in my previous letter, I called on numerous resources to improve my performance. Unfortunately, I was never able to link the ideas into a bigger narrative. While suggestions and advice from others helped my performance to a small degree, I couldn't compensate for what I feel was my fundamental issue.

The last section of neuroanatomy was the first time all year things started to fit into place. Information from previous lectures was relevant and supported the topics being discussed in later lectures. Combining the new lectures with the old material finally organized the new material more effectively than ever before. I was not just retaining data that needed to be regurgitated on the test, but actually understanding a system. This is why my highest exam grade in Neuroanatomy was on the final.

I understand I have deficits in my knowledge base that would make progressing through second year at a normal pace a difficult task. Because of this, I ask the APC to consider allowing me to retake Neuroanatomy and Gross Anatomy over the summer and allow me to enroll in the Extended Pathways to Success for second year.

When I come across a topic in second year that builds on first year knowledge, I will have the time to review the previous year's material and place it in its proper context with respect to the new information. Since this method helped me learn and retain information in Neuroanatomy, I believe I can use it to be successful in future courses. If I also encounter information in second year that doesn't seem to fit into the puzzle, I will meet with professors and reach out to other students or tutors to help me understand where the information belongs.

These new strategies, in combination with effective strategies developed during my first year, will aid me in being more successful second year than I was during the first. If I am able to transition my learning from rote memorization to actual understanding, my retention and mood will both be improved.

I believe that by working hard to compensate for the information I missed in first year, continuing with the successful strategies from first year, and also continuing with the lifestyle changes mentioned in our last meeting, I can be successful in this program.

*Sincerely,
Paul Strickler*

It was short and sweet. The letter said everything I wanted to say without placing blame or rambling endlessly. I was pleased with how well it turned out.

The APC members all but ignored it. I only remember bits and pieces of the meeting, but there was no point where the APC actually discussed my letter with me.

To kick things off, Dr. Henry asked, "When you met with Dr. Canby after our last meeting, what did you talk about?"

"Well, we mostly talked about what we going to happen in this meeting." I stopped there, not wanting to babble. If I had it to do over, I would add, "It's not like there was anything else to talk about. The semester was over and Dr. Canby isn't exactly a goldmine of helpful advice in the first place."

Dr. Henry gave me no indication of whether or not that was the right answer.

He then asked about my meeting with Dr. Benzoni. He wanted to know what he and I talked about.

I lied and said we talked about how much I would struggle with next year given how poorly I did during first year.

The truth was Dr. Benzoni told me what a shitshow the APC was. He told me that he was being 'shuffled off' the APC in July, meaning that there would be exactly zero practicing physicians deciding the fate of Medical Students. He also told me that I should be pissed about the APC's decision after the last meeting. That I should have been placed on probation 'months ago', and putting me on probation now was too late.

I thought the APC probably wouldn't appreciate me daring to question their benevolence and infallible decision making process, so I kept it to myself.

I could see the sheets of paper in front of Dr. Matz from where I was sitting. He had drawn little boxes on the edge of his paper. As I answered questions, I saw him filling in boxes. I don't know if that was a good thing or a bad thing. At the end of the meeting, there were still some unfilled boxes. Since I was dismissed, I'm guessing I didn't meet whatever arbitrary quota he set for staying at DMU. Maybe if I reached over and filled in the boxes when he wasn't looking, I would still be a Medical Student.

The only time during the meeting that addressed my letter was Dr. Henry questioning me about the part in my letter where I talk about struggling with motivation.

He asked, "If you struggle so much with motivation, what gets you out of bed every day?"

"I get out of bed because I still want to be a doctor."

"That's the broad reason, but what's the specific reason?"

I was at a loss for words. What's a bigger reason for attending Medical School than wanting to be a doctor? To this day, I don't know what answer he was looking for.

I started to reply before I actually had an answer. I spaced my words out to give me more time to think. "My ... specific ... reason ... for ... getting ... out of bed ... is". I didn't have an answer. I still don't. So I finished "... I'm sorry. I don't really know how to answer that question."

He nodded and said "Okay. Sometimes there are a lot of reasons for doing something and it's hard to articulate them."

That response did not earn me a check box from Dr. Matz.

Mr. Kolbinger, a PA and the only member of the APC who had any idea what it was like to care for patients, asked me how I had been spending my summer.

I was honest with him. "The last few weeks, I have been down at my parents house helping out with things. The house needs a lot of work and I'm lending a hand." I paused and the next part just slipped out "It's nice to be away from DMU."

This also failed to win me a check box.

The meeting lasted about 15 minutes. The APC was mostly distant and indifferent. This is probably because they had already made their decision. The meeting was just to scratch some sadistic itch.

Later on, after being dismissed and losing my appeal (more on both those later), I found out that I was dismissed because I "was not able to successfully pass five (5) credits of foundational course work (Neuroanatomy and Gross Anatomy B). In addition, he demonstrated a minimum competency (grade of 'C') in 17 credits of foundational course work".

There is no indication that the APC even considered what I had to say or what they thought of my plan for future success. (For reference, there were a total of 50 credits possible over the course of the first year)

It's no surprise that the APC put off meeting with me and then short-handed our meetings. The reasons they gave for my dismissal are absolute and unchangeable. There was nothing I could do to change the facts on which they based their decision to dismiss. If there were some indication that the APC considered what I had to say and decided it wasn't good enough, they never told me. In all of my correspondence with DMU after my dismissal, not a single person gave any sign that the APC gave my statements any weight.

It's not easy to explain how infuriating the APC was in their decision making process. The whole thing was so opaque. I don't know what the APC was looking for in our meetings. I don't know what they wanted from me and I don't know if I told them anything they considered relevant.

I was told I could prepare a statement to read to the APC, but was never advised on what the APC was interested in hearing. Did the APC want to hear about my struggle as a student? Did they want to know why I didn't enroll in the five year plan or why I didn't visit the CTL? Did they want me to write an epic poem with the APC members as the heroes of the story? The only direction I got was from an administrator who isn't even on the APC.

I put everything I had into the statements I read to the APC and I don't know if it made a difference to them. That really sucks.

If I had skipped the meeting, my reasons for dismissal would be the same. If I had shown up drunk and naked, faked a British accent through the entire meeting, and told them what I actually thought of their

precious APC, and the outcome and reasons for dismissal would be the same.

By preparing for that meeting, I just wasted my time and put myself through unnecessary stress.

The whole ordeal was probably extremely straightforward to them. "This student did poorly, so we need to kick him out." Anything I said to them that didn't fit into their understanding of student success was likely discarded as soon as the words left my mouth.

DMU recently posted on their website that their Board Exam passage rates were among the best in the nation. There are two ways to achieve that. Either teach your students the material well, or just dismiss any student who seems at risk of ruining your winning streak. I have very strong opinions of the route that DMU takes.

If the APC had said it seemed like I didn't want to be a doctor any more, or that they felt Medical School was not a good fit for me, I would have understood. If they had taken the time to get to know me and then kick me out based on one of the legitimate reasons why it was not a good idea for me to continue at their Medical School, that would be less frustrating.

Instead of an honest, introspective look at myself and my motivation, maybe I should have gone with some made up sob story about a family member that died during the school year and ruined my ability to focus. Something simple and concrete those non-physician bureaucrats could sink their teeth into.

In all seriousness, my dismissal was probably due to not going to the CTL enough. Even though the CTL has since been disbanded, and DMU possibly never had any evidence that the CTL was effective in the first

place. DMU closely recorded the number of meetings a student had with the CTL, along with monitoring the number of minutes the student spent in the office per meeting.

Medical School is all about jumping through hoops without question. The APC probably found my lack of subservience offensive. They told me to meet with the CTL, so I better meet with the CTL. The APC is a one trick pony and I wasn't impressed by their one-size-fits-all suggestion.

Chapter 15 -

On the morning of Tuesday, June 19th 2018, I opened my DMU email and saw there was an email from Dr. Ripley. I opened the attached PDF and glanced through the email. The line that caught my attention said ,“Academic Dismissal is defined as Permanent separation of a student from the University.”

I backed up a couple lines and started reading. Then I went to the beginning of the document and read through the whole thing.

Sitting on my bed, I wasn't sure what to do.

I waited for countless days to get a response about failing Anatomy. Now here it was. No explanation, no justification, no apology for making me suffer for so long. Reading that letter, it felt like DMU bumbled their way through the last semester, then dismissed me rather than go to the effort to make it right. I was pissed how disinterested and unaccountable everybody at DMU seemed to be.

June 19, 2018

Dear Mr. Strickler,

I received a recommendation from the Academic Progress Committee (APC) on June 15, 2018 in follow-up to the dismissal hearing held on June 15, 2018. A summary of the decision in this matter follows.

Concern: *As cited within the DO program section of the DMU Student Handbook, a student meeting the following condition will be referred to the APC for a dismissal hearing:*

-A student has had two failures in required Year 1 courses, whether remediated or not.

Determination: *Based on your academic performance, review of the information presented during the hearing, and the APC's subsequent recommendation, I have determined that you should be dismissed from the University. Academic Dismissal is defined as Permanent separation of a student from the University. A dismissed student will be permanently removed from future enrollment in the program. Academic dismissal will be reflected in a student's permanent academic record and transcript. **Your last date of attendance will be recorded as June 1, 2018.** The dismissal is effective on the date of this letter. I will be happy to meet face to face to review this decision with you if you would like.*

*You must return your laptop, ID badge, and all other DMU equipment to the Help Desk no later than **July 3, 2018.** Failure to comply will result in being billed for any unreturned equipment. Completion of a financial aid exit interview is also required; please contact the Financial Aid Office (financial.aid@dmu.edu or (515) 271-1470) at your earliest convenience for additional information and guidance.*

*You have the right to submit an appeal of this decision to the Student Appeals Committee by way of the Office of the Provost. Appeals will be considered only if it can demonstrate that a material deviation from procedures occurred which impacted the outcome. **Such an appeal must be made within five (5)***

business days of receipt of the Dean's decision (thus, the deadline to submit an appeal is June 26, 2018).

Additional information is outlined in the Student Handbook and included in the Student Appeals Process policy available on Pulse.

We wish you well in your future endeavors.

Sincerely,

Dr. Bret Ripley

Dean, College of Osteopathic Medicine

Telling my parents was harder than getting kicked out. Getting dismissed wasn't a huge emotional deal for me. It wasn't sudden and it wasn't a surprise.

Having to explain to my parents what happened and relive the whole experience was not something I wanted.

My medical career ended during that miserable spring break back in March. I was mentally over Medical School and Doctors months earlier and had loads of time to process everything.

My parents knew I failed two classes and they knew I was up for dismissal, but I hadn't shared with them everything else along the way. They didn't know that I didn't want to be a doctor anymore. They didn't know that I thought DMU was a borderline scam. They weren't aware of the hatred I felt toward the APC and everybody who was involved in making me suffer at DMU.

I knew they would be disappointed on my behalf, but I didn't want them to be upset.

I don't remember exactly what I said, but it was something along the lines of "DMU dismissed me, but it's not a big deal."

To their credit, they didn't treat it like a big deal. I think they saw what a hellhole DMU was and knew I wanted to get out.

Getting dismissed and how I felt about it wasn't something we spent too long talking about. I don't know if we ever really had an in-depth conversation about it after that day. (Which is great. It's not something that deserved very much discussion.)

By the time I got that dismissal letter, my therapist and I had been talking for months about other career options. I was able to describe multiple plans and possible career paths to my parents. The dismissal wasn't some horrible death sentence, but instead something that freed me up to do what I really wanted.

Knowing I wasn't sad about it and seeing that I was ready to move forward in another direction I think helped them know that I was okay.

The only negative thing I had to say about being dismissed was, "I guess this means I'll never make 200 thousand dollars a year."

As soon as I read the letter, I knew I was going to appeal. Not only to hold on to my last chance to avoid the uncertainty of finding a new path, but because I truly believe DMU didn't follow the rules when they dismissed me.

Within minutes of receiving the letter, I sent an email off to the Dean asking for a meeting. I only had 5

days to get my appeal in, so working fast was going to be the name of the game.

I sat at the little table in my parent's kitchen and started collecting all the rules and regulations spread around DMU's site.

All the information about appeals and about the rules for the APC was spread across three different documents. The existence of these documents was not explained to me, nor were they even stored in the same place. I had to search through DMU's online student portal, along with some third party site (called PolicyStat) where DMU stores all of their bylaws.

I found the three documents within the hour and had them all opened in separate tabs in my browser. I browsed through the information, checking to see if I had grounds for an appeal.

During all of this, the Dean's secretary and I were exchanging emails trying to work out a time the Dean and I could meet and talk about the reasons I was dismissed.

While reading through the PDF of the Student Handbook, my computer made a noise and a notification from Outlook popped up on my screen. It said there was an error retrieving emails from my DMU account.

I opened outlook and tried to log in again. The site gave me an error stating that my account had been locked by the administrator. Less than an hour after being dismissed and DMU already locked my account and logged me out of all current sessions. Despite how the APC made it seem, DMU can work fast when it's important to them.

I opened my personal email account and re-established contact with the Dean's secretary, then

switched back over to the documents I had been reading. As I scrolled through the Student Appeals Process, I accidentally clicked a link on the side of the page.

Almost instantly, a page popped up telling me my session had ended and asking me to log in again. I typed my DMU credentials into the box, but the site wouldn't accept them.

I clicked the back button to get back to the document, but the same message appeared. I frantically clicked through my tabs, trying to find open copies of everything I needed. Luckily, I'm terrible about closing tabs. Through some miracle, I had extra copies of all the documents I needed open in spare tabs. I carefully saved the cached copies to my computer and continued working on my appeal.

If I had taken even an hour to process getting booted out of medical school, I would have lost access to the documents I needed to appeal the decision. It pisses me off as much now as it did back then. Medical School often felt like I was playing with a stacked deck. The administration held all the power and there was no regard for me or my classmates. Not providing me with the documents needed to file an appeal, then removing my ability to access those documents is a good metaphor for Medical School.

Medical School is all about not having time to express normal human emotions. Good thing DMU taught me to ignore my emotions and power through the heaps of shit they put in front of me, or I would have lost my chance at filing an appeal.

A couple days later, DMU also locked me out of the laptop they provided me at the beginning of the

year. I didn't even know they had to power to do that, but one morning I opened my computer to discover I couldn't log in or access my files.

My computer didn't need to be turned in until a decision was made about my appeal. Locking my DMU accounts I understand, locking me out of my files was just rude. Getting around the login and recovering my files was trivial, but not something I should have been forced to do.

I sat at the kitchen table all morning, looking for rules the APC violated during the ordeal. The process was disheartening. With everything that happened and everything I described in this book, the bylaws were so lax the APC had a lot of leeway to do whatever they wanted.

There's nothing in the rule book describing how soon after a course failure the APC needs to meet. There's nothing that requires the APC to make a decision after a review meeting. The rules simply don't require the APC to act in a logical, ethical manner.

The invitation letters I received from the APC say, "Based on the matter before the Committee, each member has the responsibility to recuse himself or herself in the event of a conflict of interest." However, DMU never goes on to define 'conflict of interest'.

After being dismissed, I brought up 2 instances where I found a conflict of interest. The President of DMU essentially told me to go screw myself (more on this later). It's a great example of how helpless I was against DMU. DMU made the rules of the game, but they didn't have to follow them.

The first point I brought up wasn't specifically against the rules.

It seemed wrong to be that Dr. Canby told the APC about my failing grade in Neuroanatomy when that grade was not finalized.

The APC's decision to abstain from making a ruling regarding remediation of Anatomy after the Review meeting was likely due to Dr. Canby telling them about Neuroanatomy. If not for this information, it's possible that the APC would have allowed me to begin Anatomy remediation.

The whole point of the Review meeting was to give me the tools to succeed in the future. Since classes ended right after the Review meeting, starting remediation of Anatomy was the one and only chance I had to demonstrate growth to the APC.

It wasn't against the rules, but it felt serious enough to include.

In the end, I was only able to find two instances (at the time) where DMU deviated from "established procedure".

The first issue that caught my attention was about my advisor's role in the meeting.

According to the APC-COM procedures:

"For a student referred to the APC for a Review Meeting, the faculty advisor will be invited to accompany their advisee to discuss an action plan for academic success and enrichment."

According to the letter I received on May 14th, 2018 inviting me to the review meeting:

"Be advised that while you may have an advisor present at the meeting, the advisor will not be permitted to directly address the Academic Progress Committee."

The rules say the APC is supposed to invite my advisor to the Review meeting so that we can discuss a plan for success.

The letter inviting me to the meeting stated that my advisor would not be allowed to address the APC.

I even got an email from my advisor, confirming that he would not be allowed to speak at the meeting:

Date: May 14, 2018

Subect: APC

From: Thomas Benzoni

To: Paul Strickler

Paul:

I see you have a hearing with APC May 22 @ 1210.

Please advise if you'd like my presence in the room.

As noted, I am not to speak during this meeting.

Advise your pleasure.

Tom

I thought this was a huge deal. Not only did the APC violate their own rules, they wrote me a letter that clearly stated their intent to violate the rules.

It seemed to be a signal that the APC was acting in bad faith throughout the whole process. Forgetting a

procedural point during a meeting is one thing, planning ahead to break the rules is another.

The APC felt like a sinister group with no oversight or accountability. They could ignore me for months, then completely disregard the rules without fear of repercussion. To this day, I find it unbelievable how the Dr. Henry, the chair of the APC, wrote and signed a letter telling the world he didn't care about the rules.

While working on writing my appeal letter, I began to lose hope of ever being reinstated. As I examined the rules and compared them to what actually happened in my meeting, the whole process seemed like a sham.

If the APC was willing to be so publicly corrupt, how could I ever trust the appeals process at DMU? The Appeals committee does not meet publicly and I will never be told what they talked about. Their whole process is accountable to no one.

If the Appeal's committee did find that the APC acted unethically and maliciously, they could still uphold the dismissal. There are no mechanisms outlined in any of the documents I saw that require the Appeals committee to hold DMU accountable during the entire dismissal process.

That's not even addressing whatever impact silencing my advisor had on the meeting.

I met with Dr. Benzoni around 20 times during the school year. Some of those meeting weren't productive, other times we spoke extensively on my progress and how medical school was going to me. There is no other person who knows my struggles and efforts during my year at DMU better than he.

If the APC allowed my advisor to attend the meeting to discuss an action plan, as the rules require, who knows what would have come up? What information did Dr. Benzoni have that the APC never heard? How would the judgment of each member of the APC have been impacted by Dr. Benzoni's presence?

We'll never know.

The second violation I found played off the first. The rules state:

"The student will be excused and asked to wait until the APC has an opportunity to determine if they have all the necessary information.

The student may be asked to return to the meeting room for further questioning or they may be excused."

I was not asked to wait outside the room for either of my meetings with the APC.

Though the rules require the APC to determine if they need any more information. The APC didn't bother to do so.

Maybe since the APC already made up their mind, they didn't need to check if there was any information they needed? Maybe the meetings were just a formality and the APC never had any intention of doing their job?

It was just another example of the APC failing to do their due diligence.

My strongest case for getting readmitted was to cast doubt on the intentions of the APC members. The bias exhibited in the rule violation reflected bias in the APC members' thinking and decision making process. If I could articulate that, that was my ticket back to safety.

Everything about the APC meeting was screwed up, but little of it was against the rules.

The very first error was in not letting me meet with the APC in a timely manner. DMU has an obligation to their students and they failed spectacularly.

The second was in the scheduling of the APC meeting. DMU scheduled the APC meeting for the day after the Neuroanatomy final and the day before a Geriatrics test.

I only failed Neuroanatomy by 5 points. The APC meeting was a big deal. Maybe if my attention wasn't completely focused on the APC meeting, I could have done just a little better on that final exam.

The third error was in letting Dr. Matz attend the meeting.

When I saw Dr. Matz's name at the bottom of the letter stating he would be part of the meeting, I automatically thought he would be attending the meeting as the course professor. I never imagined that DMU would let him decide my fate.

As it turned out, Dr. Matz was attending the meeting as Dr. Matz, the APC member. He was not attending as Dr. Matz the professor. So Dr. Matz, the APC member, was ruling on whether or not Dr. Matz, the Anatomy professor, would have to teach me over the summer. At worst, it's a blatant conflict of interest. At best, it's an ethical violation.

The professor of the class a student fails is not usually allowed to make the decision on remediation. This should not have happened in my case.

I have no issue with the idea of the APC talking to the course professor(which the APC does not normally

do), but letting that professor decide if I get to stay at the university crosses a line.

Additionally, I believed he was attending as Dr. Matz, the professor, even after the meeting. At no point during before, during, or after the meeting did anybody make it clear that Dr. Matz was a voting member of the APC. (I blame myself for not realizing this earlier, though)

This final point (the conflict of interest) was an actual rule violation I didn't include in my appeal. (The other two are just shitty things DMU did.) I was very short on time when preparing my Appeal and didn't catch the conflict of interest before submitting the appeals letter. Maybe I should have hired a lawyer to write it for me.

With my letter, I wanted to tell the story of a biased APC.

I did my best to imply the state of mind of the APC members. It wasn't so much that they violated the rules, it was how the rules they violated spoke to their intentions.

Excluding my advisor and not checking to see if they had all the information they needed could be spun as a small issue by DMU. To me, it showed that the APC did not have my best interests at heart, were not interested in me as a student, and overall just didn't do their jobs.

In the end, I came up with this letter:

To whom it may concern,

On careful consideration of the process that has led to my dismissal from the university, I have identified issues with procedure by the University.

Before the initial review meeting on May 22nd, the APC was informed of my pending failure in Neuroanatomy, even though that grade was not yet finalized. I believe that this information contributed to the decision by the APC to suspend issuing a decision regarding Gross Anatomy B until after all Spring grades were finalized. This information about Neuroanatomy denied me the chance to begin remediation. I was unable implement the ideas and suggestion made by the APC in that meeting to show that I had the commitment and new strategies necessary for success. Courses had ended by the time I was given the decision from this review meeting. I had no way of showing any academic growth or progress resulting from that meeting.

The APC-COM procedure states the "faculty advisor will be invited to accompany their advisee to discuss an action plan for academic success and enrichment." I was told I could invite my advisor, but that he would not be allowed to speak. I have met with Dr. Benzoni many times this year and he is very familiar with my academic progress and effort. This variation in protocol prevented the APC from gaining a complete picture of me and my academic performance in the review meeting. All members of the APC present during my dismissal hearing were also present during the review meeting, so any impressions made in the first meeting carried through to the second.

The APC-COM procedure also states "The student will be excused and asked to wait until the APC has an opportunity to determine if they have all the necessary

information. " I was not asked by the APC to wait following either of my hearings. The APC did not wait to determine if they had all of the necessary information, which may also have led to making decisions based on incomplete information.

I believe that these irregularities in the process materially affected the outcome of the hearings. I am very disheartened with the decision made by the university and I hope that you reconsider.

*Sincerely,
Paul Strickler*

I printed the letter and sealed it in a plain white envelope. It was so inconspicuous for something so important. I wrote the name of the Provost on the front and drove up to DMU to hand deliver it.

Being back at DMU was strange. I stealthily made my way to the Provost's office to avoid any former classmates. I wasn't in the mood to talk to them now (or ever again).

I delivered my letter to the Provost's secretary and slunk out of the building.

I expected a decision in a week or two.

It would be nearly two months before DMU ruled on my appeal.

Chapter 16 -

Once my appeal was filed and the dust settled with my family, I was almost euphoric.

Medical School is irredeemably shitty. It's hard, boring, and emotionally crushing. Through my dismissal, DMU had freed me from their death grip.

It's like the end of the movie Aladdin, when Genie is set free. I can relate to that scene very well. It's a good feeling when the shackles come off.

Even before being dismissed, I was done with Medical School. I received the dismissal letter 2 months and 23 days after failing Anatomy. That's 81 days with no answers or direction from DMU. The relief at knowing I was no longer DMU's bitch was immense.

That relief lasted for a couple days, but was quickly buried beneath fear and disappointment.

I didn't want to have to search for another career. One nice thing about Medical School is how directed the training is. If you can make it into Medical School, most people never have to think about where they will end up or what job they will have. Now that I was out on my ass, I needed to find something else to do. Finding Medical School was hard enough, would finding something else be even harder? Talking about plans with my therapist was one thing. Making those plans a reality was another.

Per DMU rules, I had a 30 day grace period where I could keep meeting with my therapist. It gave us a chance to wind down our sessions and transition care over to an external provider. I am in the very small group of Des Moines residents that have been dismissed from DMU. Since I didn't have to leave the area to move

back in with my parents, I was able to use all 30 days with my therapist.

I really appreciated this extra time. We talked about my future plans, how to get back into old hobbies, and generally how to transition out of the rat race.

These sessions started out positive. I remember during one meeting right after being dismissed, my therapist and I were talking about how long it would take DMU to get back to me.

"I don't really care if they get back to me or not.", I told her with complete conviction. I was moving on with my life and DMU didn't hold much weight in my plans anymore.

As the sessions progressed and we got closer to our final meeting, my calm mood started to unravel.

There were speed bumps along the way that had a destabilizing effect, such as this email from the provost 4 days after I filed my appeal:

Date: June 26, 2018
Subect: Dismissal Appeal
From: Raslita Akins, Provost
To: Paul Strickler

Dear Mr. Strickler:

Please kindly be advised that the Student Appeals Committee meeting to review your case has been scheduled for Friday, June 29th.

*Sincerely,
Dr. Akins*

On the afternoon of the 29th, Dr. Akins sent me an email updating me on the status of my appeal.

Just kidding.

June 29th came and went with no news from DMU. Then the 30th and 31st.

This became the topic of an entire therapy session. I was angry and stressed out. There was no way of knowing if the Appeal's committee met of the 29th, nor if they made a decision. My fate could be sealed and there was no way for me to know.

With my therapist's help, I wrote a little email to the provost. If you haven't figured it out already, my language can get a little incendiary. I always let someone proofread anything I write when I'm angry.

Date: July 6, 2018
Subect: Dismissal Appeal
From: Paul Strickler
To: Raslita Akins, Provost

Dr. Akins,

*I am just checking on the status of my appeal.
Has the committee issued a ruling?*

*Thanks,
Paul Strickler*

It's insane that I even had to ask this question. How many systematic failures happened at DMU that I didn't know if there was a decision on my appeal? This

is a Big Fucking Deal and nobody should ever have to chase after DMU to find out if they are still a student.

In keeping with DMU tradition, I never received a response to my email.

On July 9th, I just needed more information. Was I still in the running? Was DMU still working on my appeal? Did I fall through the cracks again just like with my Anatomy failure?

I sent an email off to my former advisor, Dr. Benzoni. He was the only staff member at DMU I trusted to respond to me.

Date: July 9, 2018
Subject: still no decision
From: Paul Strickler
To: Dr. Benzoni

Hey,

I turned my appeal in a little over two weeks ago and DMU has still not gotten back to me.

Who do I email or call to find out what's going on?

*Thanks,
Paul Strickler*

He replied promptly:

Date: July 9, 2018
Subect: still no decision
From: Dr. Benzoni
To: Paul Strickler

Paul:

Sorry to hear of the lack of response.

*I'd involve Dr. Ripley's office; I think he was your
signatory.*

tom

I wasn't looking to play a game of email roulette,
but I didn't have a choice.

I sent a quick email off to Dr. Ripley.

Date: July 9, 2018
Subect: appeals decision
From: Paul Strickler
To: Dr. Ripley, Dean

Dr. Ripley,

I turned in my appeals paperwork on June 22nd.

*Do you know if the appeals committee has issued
a final ruling? If so, can you please let me know what
they decided?*

*Thanks,
Paul Strickler*

He replied an hour later:

Date: July 9, 2018
Subect: appeals decision
From: Dr. Ripley, Dean
To: Paul Strickler

Hello Patrick,

You will know about the appeals decision as soon as I do. The appeal runs through the Provost's office to make sure you get an independent review.

The Provost has to pull together a faculty committee to review, so 2-3 weeks would not be unusual and over the summer with vacations maybe a little more. Christina Henderson is the Provosts assistant. for now, so you could reach out to her to ask.

Dr. Ripley

That first line isn't a typo on my part. Dr. Ripley, Dean of DMU and the man who signed the paperwork that dismissed me, called me by the wrong name. In an email.

When the Dean of your Medical School gets your name wrong, you know things are screwed up. After all, he's the guy who made the decision to kick me out. He

takes recommendation from the APC, but he is free to make his own decision regarding dismissal.

I would hope dismissing a student was a big enough deal that he could remember our names for at least a month after dismissing us. He's probably very busy and has a lot to deal with, but forgetting my name so quickly is appalling. Dismissal is a big deal and it's troubling how little thought he must give the decision if the names of dismissed students so quickly leave his memory. How well did he examine my file that the most basic piece of information about me escaped his notice?

Second, it's not like I caught him unawares. My name was right there at the bottom of the email I sent him. A quick glance would have revealed my name to him. He must truly be a man who pays attention to detail. That's what I like to see in the guy who runs the fucking Medical School.

I didn't know it at the time, but he was already on his way out. He would be gone from the University in just a couple of months. A dean with less than a year's experience and with almost no time left on his tenure was the one who gave me the axe. I think it's hilarious that I was a medical student for longer than the guy who dismissed me was dean.

Anyway, I took his advice and reached out to the Provost's assistant, Ella Henderson.

Date: July 9, 2018
Subject: appeal status
From: Paul Strickler
To: Ella Henderson

Hi,

I submitted some documents on June 22nd to appeal my dismissal from DMU.

Would it be possible for you to give me an update on how things are progressing?

*Thanks,
Paul Strickler*

I never received a reply from Mrs. Henderson, instead the provost herself deigned to send me an email.

Date: July 9, 2018
Subect: Your Appeal
From: Ralitsa Aikns
To: Paul Strickler

Dear Mr. Strickler:

This is to inform you that your appeal remains under consideration by the Appeals Committee.

Please, be advised that an Appeals Committee meeting is being scheduled for later this summer to further consider your appeal, and we intend to expedite it to the extent possible.

We will keep you informed about further developments.

Sincerely,

Ralitsa Aikns

It wasn't what I wanted, but it was something. It was still unclear if the Appeal's committee met on June 29th, but at least I knew my appeal was still under consideration. I could keep suffering in limbo for a while longer.

Everything was fine until my last meeting with my therapist rolled around.

It was July 22nd, 2018, exactly 30 days after my dismissal. Per the rules, that meant the end of my therapy sessions at DMU. I knew it was coming, and my therapist and I worked hard to wrap up all of our loose ends, but there was still so much up in the air.

That last meeting with my therapist was hard. Part of what I wanted to work through with her was being dismissed from DMU. Without my dismissal being finalized, we just couldn't make any progress on moving past it. Even with everything else wrapped up, the biggest issue in the room couldn't be resolved.

So during that final meeting, I wrote yet another email with the help of my therapist.

Date: July 19, 2018
Subect: RE: Your Appeal
From: Paul Strickler
To: Ralitsa Akins

Dr. Akins,

The school year is very close to starting and I am struggling to make concrete plans for the coming year.

Today is also the 30 day mark since I received my dismissal notice. This means today is the last day I am eligible for counseling services through DMU. I am needing to plan for external services. A decision on my appeal would be helpful in my search.

Can you please provide me with an updated timeline on the decision of my appeal?

*Thanks,
Paul Strickler*

Leaving that meeting with my therapist was hard. Extremely hard. I had no answers about my future at DMU. After a dismissal process that felt half-assed, I was stuck in the purgatory of an endless appeals process. Was I going to be reinstated? Did I want to be reinstated? What plans did I need to think about for the coming year? Should I renew the lease on my apartment? What do I tell DMU students when I see them around town? What do I tell my family?

Throughout the year, my therapist and I talked about everything. No topic was off-limits and we covered some rough ground. Even through all of that, I never lost my composure.

That stoicism disappeared as the end of our last hour approached. It wasn't so much the end of our therapy sessions that upset me as much as the anger and uncertainty I felt.

I could deal with being dismissed. The number of times during the year where I dreamed about being free from DMU prepared me for that.

I could also deal with being readmitted. As much as I hated DMU, the pain of finding another career path was worse than the pain of Medical School.

What I could not stand was having no answer. Not knowing what the future held. Every plan I made was conditional on DMU getting back to me. Without an answer, I couldn't make plans. I could barely live my life.

I didn't want to cry in front of her and she didn't try to get me to stay. I am grateful for that.

I made my way to the stairs and stopped once I was on the other side of the heavy door at the top. People rarely took the stairs at DMU, so I had some privacy in dim, windowless shaft of the stairwell. I took a deep breath and tried to calm myself down.

Crying isn't my thing. No matter what happens, I'm more likely to get angry than teary.

Yet there I was, hunched over on the landing between the third and fourth floors with tears running down my cheeks. I didn't want to be crying, but there wasn't anything I could do to stop it.

I don't know how long I stood there. Eventually, I heard voices on the other side of the fourth floor door. I slunk down the stairs and out the side door of the

building. Before I knew it, I was in my car and heading home.

During the drive home, I managed to pull myself back together. I was almost angry at myself for giving DMU another opportunity to fuck me. I should've known better. Being in this situation was my own fault.

Then I got home and saw I had a reply from Dr. Akins.

Date: July 19, 2018
Subect: RE: Your Appeal
From: Ralitsa Akins
To: Paul Strickler

Dear Mr. Strickler:

Thank you for reaching to me with this question.

You are eligible to continue services until the conclusion of the appeals process.

As previously mentioned, we are aiming at expediting to the extent feasible.

*Most sincerely,
Dr. Akins*

I can't begin to describe the fury I felt.

I understand their decision to limit me to 30 days of counseling. It's also not surprising, given how poorly DMU treated me, that they would end my counseling services before deciding anything about my appeal.

Revoking my access to counseling services, just to reverse their decision hours later was unimaginably cruel.

I relied very heavily on counseling services and had a hard time at the last meeting. The emotional whiplash inflicted by DMU's reversal was too much. I was at then end of my rope and DMU decided to keep pushing.

These fuckers didn't care about me. They didn't care about my well-being. They didn't give a shit about anything.

I was standing in the stairwell of their fucking school crying because they made me feel so lost and hopeless.

Three hours later, those bastards reversed their decision like it was nothing. Either DMU is run by idiots or sadists, but those are the only two options.

Fuck that and fuck them.

For every second of my time at DMU, the university felt like a destabilizing force. Everything from the class schedule, to the testing schedule, to the bullshit mandatory events made finding inner calm difficult. When I was a student, I had to suck it up and take. Not anymore. I was no longer a DMU student, which meant I could tell those motherfuckers exactly what I thought of them. I was in a special limbo where I wasn't a student, but I still had the attention of the school administration.

I sat on the front porch of my parent's house and started typing. I worked for an hour or so, letting the anger flow freely onto the page. At this point, I didn't care if DMU took me back or rejected me. All I needed was an answer.

It was relieving in another way, too. I got to tell them off before my appeal was decided. I was choosing to throw away my chances at getting back in. I saw

DMU for what it is and got to tell them to fuck off before they could do it to me.

I printed my letter and hand delivered it to Dr. Franklin's secretary the next day.

July 25th, 2018

To whom it may concern,

On June 19th, 2018, I received a letter informing me of my dismissal from DMU. On June 22nd, 2018, I filed an appeal that outlined solid, demonstrable deviations from established procedure.

Dr. Akins let me know that a meeting to review my appeal would take place on July 6th, 2018. I was never updated on the outcome of that meeting-- if that meeting even occurred. All I have are continuing promises to "expedite the process to the extent possible."

This letter is not meant to re-litigate my case. I am writing due to unacceptable behavior on the part of DMU. 33 days have passed since submitting my appeal and I don't have any more answers today than I did a month ago.

I have been reluctant to express how upsetting this process has been. I did not want to make waves and potentially taint the review of my appeal, but I have reached the end of my rope and must speak out.

I cannot begin to describe the toll that DMU's behavior has taken on my mental health. Today is the first day of classes for second year DO students, and I'm still twisting in the wind. My entire summer has been colored by this lack of a decision and lack of timeline on making a decision. Every day is filled with wondering if today will be the day I hear back. Every day is spent trying to plan for all possible outcomes. I cannot remain even-keeled and practice good self-care when every aspect of my life is up in the air. I knew the process might move slowly over the summer, but I never imagined I would be left waiting for so long.

Additionally, DMU counseling services are only provided for 30 days following a dismissal. I had a very difficult final meeting with my counselor on the 19th of July, just to have the provost email me later in the day and tell me I could keep using counseling services until the conclusion of my appeal. Waiting for a decision has been bad enough. That DMU allowed me to reach the end of counseling services without a decision, and then renege at the last minute, was by far the most emotionally challenging situation I have experienced at the hands of any educational institution.

Now, the counseling services that DMU provides will no longer be effective for me. DMU can't possibly expect me to reinvest with my counselor when she and I have already wrapped up care and every session could be our last. DMU destroyed my personal stability, then destroyed one of the major grounding points I had.

I can and will land on my feet no matter what DMU decides, but I do not have the fortitude to continue being thoughtlessly strung along. This past summer has been one of the longest and most difficult of my life. I put a great deal of effort into being a good member of the DMU community and I would appreciate even the smallest amount of reciprocation from the administration.

Enough is enough,

Paul Strickler

I also emailed a copy of this letter to my therapist. I told her I wanted to schedule another appointment and I wanted her to know how I felt about DMU.

After this ordeal, I knew I needed to get myself free from their grasp. DMU could no longer be trusted to have my best interests at heart.

If I were readmitted, there wasn't any way I could trust those people with my education. In order to turn DMU down, should they reverse their decision, I needed to have another path open to me. If I didn't have any other options, I would not be brave enough to tell DMU to go fuck themselves.

I wanted to have as many applications as possible submitted to other graduate programs before DMU ruled on my appeal. It was important to me to neutralize the power DMU held over my future.

My therapist emailed me back the next day. In addition to scheduling an appointment, she told me what happened after I email Dr. Akins.

"...your email yesterday sparked a bigger conversation that resulted in a change in how we will be able to offer services in unique circumstances. Your circumstance was not discussed specifically, and please know that no information about you was shared.

This meeting yesterday did result in our director being able to advocate for client needs and access to services. As a result, you are able and welcome to continue with services at the SCC until your appeal status is resolved."

There's not very much that happened at DMU that I'm pleased with. Being responsible for catalyzing meaningful change that may help future students is one of the few things I'm glad I was able to do.

Chapter 16.5 -

Surprisingly, the letter I delivered to Dr. Franklin spurred DMU into some more action.

A few days after dropping the letter off, I saw I had a missed call on my phone from an unknown number. There was also a voicemail.

I listened to it and was surprised to hear the accented voice of Dr. Akins. She said Dr. Franklin reached out to her regarding my letter. Then, Dr. Akins suggested we set up a time to talk on the phone and to contact her via email to set up a time.

After quickly checking my calendar, then realizing I was unemployed and had absolutely nothing to do, I left it up to her. I sent an email asking what worked best for her.

She sent me a short reply saying we should talk the next day at 10am. I confirmed that the time worked for me and started preparing.

It wasn't clear why she wanted to talk. I didn't know if she needed to know something or if she would have news for me.

I spent the evening thinking of every possible question I might have. During the phone call, I didn't want to rely on my memory for anything. I prepared a list of questions for if she said I was dismissed. Then I prepared a list for if I were readmitted.

The next day, I sat down at the kitchen table (the same place where I wrote my appeal) and waited for the phone call. I had my list of questions in front of me and a pen to make notes on what we talked about.

At 10am on the dot, my phone rang. I answered it and was greeted by Dr. Akins. Also on the line was the Chief Compliance Officer for DMU. I don't know why

she was on the line. She didn't speak during the call other than to introduce herself.

The first thing Dr. Akins told me was that there was no decision yet on my appeal. With that, every question I wrote became irrelevant. I prepared questions for dismissal and readmittance, but didn't think Dr. Akins would call just to tell me there was no news.

Our phone call lasted maybe 30 minutes and wasn't very productive, although she did give me the timeline of my appeal up to that point.

Over a month earlier, Dr. Akins sent me that email saying the appeals committee was meeting on June 29th. That meeting actually did take place. The committee was unable to come to a decision about my case, which I guess is why she never emailed afterward.

On July 1st of every year, the appeals committee at DMU is dissolved. All of the members are relieved of their duties relating to the whole process.

Why is the appeals committee disbanded at the end of the school year, presumably the one time of year they actually have cases to review? I don't know. She didn't explain that part to me.

Next, Dr. Akins gets a list of possible new members. It's her job to identify any issues or conflicts of interest with the candidates. Once she does that, she pick three of them to serve on the appeals committee for the next year.

Since it's a new appeals committee, they need to be trained before they can start reviewing cases. This takes some time. For this particular group, that training ended ten days before August 1st.

In the ten days since being trained, the new appeals committee met and reviewed my case one time. Like the first committee, they were unable to reach a decision.

I asked during the phone call why the appeals process was taking so long. All I got was yet another non-committal answer about how every case is different and that there's a lot of paperwork to review.

Other than that, I didn't have any questions for her. I wasn't prepared for her to tell me that there was still no decision about my case. I didn't prepare for that.

It was very good to know what was going on behind the scenes at DMU, but I still didn't have the answers I wanted.

The phone call ended with another promise from Dr. Akins to update me in "2-3 weeks" to update me again on what was happening.

I ended the call thoroughly non-plussed. Not only did I not have any answers, I knew this was going to drag on for a couple more weeks at the shortest.

I wasn't sure what was taking so long. The APC deviated from procedure during the meetings. I gave the appeals committee documented proof of this.

Either DMU agreed with me or they didn't. It didn't seem like it would be that hard to review what happened.

There was nothing to do after getting that phone call other than wait for something to happen. I still didn't have a job, since I didn't know what the school year was going to look like. I spent each day finding various projects around the house to devote my attention to.

On August 9th, I received an update from Dr. Akins.

Date: August 9, 2018
Subect: Update regarding Student Appeals
Committee
From: Ralitsa Aikns
To: Paul Strickler

Good Morning, Mr. Strickler:

This note is to inform you that the Student Appeals Committee has concluded the review of your appeal.

Please, expect a letter from the Committee within the upcoming week.

Sincerely,

Dr. Akins

I didn't know why she sent it and I wasn't sure if I should respond. I decided to just ignore the email and wait for the real decision.

The next day, I got the final decision from the appeals committee.

Date: August 10, 2018
Subect: Student Appeals Committee Letter
From: Danielle Boosinger (the Provost's assistant)
To: Paul Strickler

Dear Mr. Strickler,

Please find attached the letter from the Student Appeals Committee.

Please feel free to contact the Office of the Provost should you have any questions.

Attached was the decision from the Appeals committee:

August 10, 2018

Dear Mr. Strickler:

The Student Appeals Committee has completed the review of your appeal. Careful consideration was given to your concerns about perceived deviations from procedures in the Student Handbook.

Members of the Student Appeals Committee, including myself as Chair, were Dr. Simon Geletta and Dr. Muhammad Specter. Attending the meetings as a resource, but not voting, were Dr. Ralitsa Akins, Provost and Ms. Linda Kading, recording secretary.

The committee carefully reviewed and discussed the following documentation in relation to your appeal:

- 1. 2017-2018 Student Handbook*
- 2. Student Appeals Process policy*
- 3. Student appeal letter, dated June 22, 2018, with APC COM Procedures copy ("Updated April 2018"), appended to the student letter*

4. May 2018 COM-APC academic hearing documentation, including letters to student from COM APC Chair dated May14, 2018 and May 24, 2018 and student statement dated May 22, 2018.

5. June 2018 COM-APC academic dismissal hearing documentation, including student statement dated June 15, 2018.

After considering the factors presented in the documentation, the committee determined there were no deviations from the 2017-2018 Student Handbook procedures that materially impacted the outcome . Therefore, the decision of the Dean will be upheld.

We are mindful of the fact that this is not the result you were hoping for, with respect to your appeal and your dismissal from the University. You may utilize services through the Student Counseling Center for 30 days after the date of this letter.

Please contact the Office of the Provost if you have questions. We wish you well in your future endeavors.

*Erin Nelson
Student Appeals Committee Chair*

So there it was. 4 months and 13 days after failing Anatomy, I had my final answer.

I wasn't surprised by the decision. I disagreed with their assessment, but past experience showed me DMU couldn't be expected to do the right thing.

I do wish they clarified the line "the committee determined there were no deviations from the 2017-2018 Student Handbook procedures that materially impacted the outcome."

Was the appeals committee trying to say that there were no deviations from procedure?

Or were they acknowledging that the APC deviated from procedure, but that it didn't make a difference in the outcome?

I always leaned more toward assuming the committee decided it didn't matter that the APC broke the rules. It's undeniable that the APC deviated from procedure when they muzzled Dr. Benzoni.

It's part of the reason I think it didn't matter what I said during the meetings with the APC.

The only way the appeals committee could be sure the deviations by the APC did not impact the outcome is if nothing that happened in my meetings with the APC mattered in the final decision. Otherwise, there's no way of knowing what impact Dr. Benzoni's presence might have made in the proceedings.

The same day, I got an email from Dr. Akins.

Date: August 10, 2018

Subject: Follow up

From: Dr. Akins

To: Paul Strickler

Dear Mr. Strickler:

Now that you have received the Student Appeals Committee letter, I wanted to follow up with you.

Please, feel free to contact me and we could discuss what you think might be the best for you from here on, what direction you might want to take. I would be available to discuss options and new opportunities, for example, applying to another institution or pursuing a different career path.

Let me know, please.

*Sincerely,
Dr. Akins*

My therapist was very surprised that Dr. Akins reached out to me. She said she never heard of something like that happening. I guess I'm special enough to warrant attention from the provost, but not special enough to be given a second chance.

Overall, it was a confusing email. Her suggestion that we discuss applying to another institution was weird. Once you're dismissed from a Medical School, there's zero chance of getting into another one. Pursuing another career path is the only option for Med School dropouts. She might have been suggesting I apply to Caribbean Medical Schools, which is a common path for Med School dropouts. Still, it's a weird thing for her to suggest.

Either way, I decided there was no harm in talking to her. I sent an email back saying I was interested in such a discussion. She sent me back a time when we could talk on the phone.

In the end, it was a very lackluster phone call. There wasn't much worth repeating. Dr. Akins advised

me that applying to 8 doctoral programs (That's how many application I had submitted at the time of the phone call) wasn't enough. She also warned me to keep an eye on application deadlines.

I asked her for a letter of recommendation. She said she would write me one, but that her focus would be on my academic performance since that was the part of my file she was most familiar with. (I never bothered asking her to actually write it.)

The phone call ended, marking the last time I would ever speak with any bureaucrat at DMU.

I continued meeting with my therapist for the entire time allowed. Our meetings ran until well after the school year started again.

Going off our discussions from before being dismissed, my therapist and I talked about what I wanted and how to achieve it. I found the graduate programs that could lead to the careers I wanted and started filling out the applications.

I collected Letters of Recommendation from a couple professors at DMU and started applying to various programs. I would end up applying to over a dozen programs across the US and Canada.

Getting up to her office became a game. I didn't want to see any of my former classmates when my appeal was pending, and I really didn't want to see them now that it was official. I used my knowledge of the back stairwells and elevators to avoid seeing anybody.

A couple days before my last meeting with my therapist, I made a post in the DMU 2021 Facebook group letting them all know that I left the program. (I

also posted a bunch of med school crap I wanted to sell).

It was helpful. I think the word is 'cathartic', but I've never been clear on the correct usage.

I didn't really have any friends at DMU, so there wasn't a huge outpouring of emotion. The few people I ever spoke to all said they were going to miss me. People I never spoke to also said they were going to miss me. It was nice, even if it wasn't sincere.

Everything I posted sold pretty quickly. I went to campus on a Sunday afternoon and collected the money and distribute the goods. It made for a nice bookend to my time at the university.

When my last meeting with my therapist rolled around, it had a much different feel than our other last meeting. I wasn't upset and there were no tears. Everything I wanted to do at DMU was done. There were no loose ends or threads I wanted pull.

When our last meeting ended, it felt like a good stopping point. I was well on my way down a new path and it was time to stop thinking about DMU.

I'm grateful that I got the chance to wrap up with her. My first reaction when Dr. Akins sent the email saying I could continue services was that I never wanted to set foot on campus again. It's good that I didn't do that. The meetings with my therapist after the appeals committee ruling were some of the most productive I had.

Chapter 17 -

After finished up with my therapist, I was done with DMU for a while. I got a job in the liquor department of the local Hy-Vee.

I probably had enough experience to get a real job, but I didn't want to start at a full time position. Working in a grocery store is great. The workers are friendly (to each other, not the customers) and nobody is trying to screw other people to get ahead. There's a shared hardship in working at a grocery store that fosters a really good community.

It wasn't until a few months later that I started to have questions about why I was dismissed and the whole process surrounding the dismissal.

So in the middle of November, I was maybe 30 pages into this book and decided to send an email off to the dean at DMU to get some answers. What was the APC's reasoning for not letting me back in? Why wasn't Dr. Benzoni allowed at the meeting?

I wrote a simple email and sent it off to the interim Dean's secretary. Dr. Ripley was no longer at the school, but I hoped his notes on my dismissal were good enough for the new dean to explain his reasoning.

The new dean pawned me off on Dr. Akins, who in turned forwarded my email to the chair of the APC. I was hoping the new dean would give me an unfiltered account of what happened. Instead, I got more of the same from the very people who ran the kangaroo court that led to my dismissal in the first place.

All in all, there were a bunch of emails back and forth between me and Dr. Akins. I could go over them in painstaking detail, but that would suck for a number of reasons.

Namely, none of my questions were ever satisfactorily answered. There's no payoff to slogging through my conversations. She never really answered any of my questions. It was vague, bureaucratic, and non-committal.

Second, emailing with Dr. Akins made me start questioning my sanity. There were times when it seemed like she was denying obvious facts about what happened while I was at DMU. I don't want to relive all of that and make you suffer through it, too.

All told, I probably sent ten emails and one actual letter to DMU after my dismissal. While non-productive for the most part, there are some highlights worth mentioning.

In my initial email after I was dismissed, I asked, "My main question is why did DMU chose expulsion over remediation? What did the APC feel indicated that I was not suitable for a second go at it?"

The response came from the chair of the APC:
"Before the Winter Break, Mr. Strickler was identified as a student at risk for academic failure, and his academic progress appeared to be at risk. At that time he was presented with options that would allow for a student to 'slow' the curriculum and focus on maintaining at least a minimum level of competency in all courses. The APC minutes reflect that Mr. Strickler met with his advisor and after discussion of the available options, declined slowing his curriculum. At the time of the committee meeting, the APC carefully reviewed all aspects of Mr. Strickler's academic progress in addition to the two failing course grades. Specifically, the committee considered that Mr. Strickler

was not able to successfully pass five (5) credits of foundational course work (Neuroanatomy and Gross Anatomy B). In addition, he demonstrated a minimum competency (grade of 'C') in 17 credits of foundational course work. Based on the demonstrated deficiency in knowledge, the APC determined Mr. Strickler being at risk of not successfully meeting minimum standards during more advanced course work in the second year or having success on the first step of the national board exam. The APC recommendation was based on the fact that Mr. Strickler had a deficiency as defined by the 2017-2018 Student Handbook (pg. 63), and the careful review of his academic strength as demonstrated during the first year. While a student that fails one course is placed on probation and is eligible for remediation (pg. 67), failing two courses would lead to a dismissal hearing, notwithstanding whether the courses are remediated or not. Specifically, Mr. Strickler had two failing course grades (both in the same term) which is one of several academic failures (pg. 69) that leads to a dismissal hearing. The APC made a recommendation to the Dean to dismiss. The Dean made a decision to dismiss."

I was pretty unhappy with this response; it doesn't actually say anything. I don't know if the APC considered anything I said to them in our meetings.

I also wasn't sure why it was relevant that I 'declined slowing [my] curriculum'. I decided against the five year plan because I didn't think it would help my issues with Medical School. If anything, reducing the number of classes would make the information more disjointed and harder to learn. The APC never asked me

to explain what I decided against the five year plan, but it looks like they used it against me.

The worst part is that I asked about the five year plan. I asked Dr. Benzoni, then I contacted Dr. Canby to find out more about the program. Maybe if I hadn't taken the initiative, the APC decision would be different.

It was so frustrating for me to read that email. To me, it looked like the APC put me through that torture and then didn't even consider any information that came out of the meetings.

There's nothing in that email that suggests any sort of analysis of me or my file.

I also asked "Why was Dr. Benzoni explicitly excluded from my first meeting with the APC? I spent more time studying the handbook than I did studying anatomy (ha ha) and was never able to find a good reason for this."

"Dr. Benzoni was excluded from the Academic Review meeting on May 22, 2018 as an APC member per the 2017-2018 handbook (pg. 64, "An APC member will recuse himself/herself if a scheduled student is his/her advisee."). Dr. Benzoni was not excluded from the Review Meeting as Mr. Strickler's advisor; he recused himself as a voting member of the APC. Dr. Benzoni contacted Mr. Strickler on May 14, 2018 at 12:18 pm inquiring if Mr. Strickler would like Dr. Benzoni to attend in his role as advisor. Mr. Strickler declined Dr. Benzoni's attendance on May 21, 2018. Communications by email are included below."

(Below that was the a cc of the short exchange where Dr. Benzoni emailed me and said he wouldn't be allowed to speak at the meeting.)

This annoyed me more than the explanation of why I failed. DMU was trying to tell me it was my choice that Dr. Benzoni wasn't there.

I quickly wrote an email and sent it back the Dr. Akins. It looked like the chair of the APC misunderstood what happened. I clarified what the APC review meeting invitation said, then rephrased the question to be more clear about what I wanted to know.

The response was more of the same bullshit from Dr. Akins.

"In response to your email from 11/2/18, the letter you received from the Academic Progress Committee (APC) in preparation for your review meeting specified the role of your faculty advisor for that meeting. It is correct that during the APC review meeting advisors are not permitted to speak on behalf of the student but may counsel the student. It is also correct that the APC may discuss with the respective faculty advisor an action plan for academic progress for the student, as noted in the Academic Progress Committee Procedures for the College of Osteopathic Medicine. Since you declined that your advisor be present at the APC review meeting, as documented by your 5/21/18 email to Dr. Benzoni, an action plan was communicated to you by the APC letter you received after the meeting."

This riled me up again. She tries to spin it as the APC saying Dr. Benzoni couldn't speak 'on my behalf',

but that's not what the APC letter said and that's not what Dr. Benzoni said in his email.

She did confirm that Dr. Benzoni was supposed to play a role in the meeting with the APC. It was nice to have what confirmation. The APC letter clearly states that Dr. Benzoni would not be allowed to discuss anything with the APC. Knowing that there was supposed to be a discussion with Dr. Benzoni cemented my conviction that I was screwed by DMU.

It was a circular situation. I didn't want Dr. Benzoni to be at the meeting because he wouldn't be allowed to speak. DMU seemed to be saying it didn't matter that he wasn't allowed to speak because I said I didn't want him to attend.

I don't know if Dr. Benzoni's presence at the meeting would have made a difference. I don't know what Dr. Benzoni thought of me or his opinion on my ability to succeed.

Also, the APC had no obligation to allow Dr. Benzoni to be at the meeting. I said earlier that the APC makes the rules, but is not obligated to follow them. (The exact wording is "The APC retains the right to vary from the established protocol on the basis of the facts and circumstances pertaining to each Review Meeting or Dismissal Hearing.")

There's literally no reason for them to obscure what really happened. They could say Dr. Benzoni was excluded from the meeting because he current haircut wasn't pleasing to the char of the APC, and they have every right to do so.

There's no apparent reason for anybody at DMU to be so cagey about what happened.

See what I mean about driving you insane?

These emails between Dr. Akins and myself are what drove me to complete this book. DMU was rewriting history, and that was unacceptable to me. I needed a way to assure myself about what happened.

That's why I included as many emails as I could and stayed away from as many unverifiable conversations as possible. I'm not making this shit up and I want to be able to prove it.

I sent Dr. Akins one final email after that. It refuted her claims about Dr. Benzoni, and again asked why the APC did what they did.

She emailed me back in a couple days, but I never read her response. I could see the first line was something like, "*At this point, I'm repeating myself...*" The email sat unread in my inbox for a couple days, then I just deleted it. In all of my interaction with Dr. Akins, nothing suggested she actually wanted to help me. That first sentence suggested she was just going to double down on her false assessment of the APC letter. Continuing to engage her was not going to end well for me.

A couple months later, I sent one final letter to DMU. I actually sent it to the President of the University via USPS with signature confirmation. I laid out every issue with the APC meetings and the appeals committee.

I questioned why Dr. Matz was allowed to vote at the APC meetings. Being the professor of the class I

failed seemed like a conflict of interest. He wasn't just deciding if a student was going to be expelled. He was deciding if he would have to teach me again the next year.

I brought up the Appeals committee meeting. Dr. Spokter, who was one of three voting members on the appeals committee, is actually Dr. Matz's subordinate. (Dr. Matz is the chair of the Anatomy department, while Dr. Spokter is an associate professor in the Anatomy department.) I asked why such an obvious conflict of interest was allowed. My exact words were "*it is unreasonable to expect that this member would feel comfortable reversing the APC's, and his supervisor's, decision.*"

I again brought up the exclusion of Dr. Benzoni and laid out the mischaracterizations by Dr. Akins.

I questioned how the APC decision could be trusted when the chair was willing to so publicly and without justification deviate from procedure.

I got a wholly worthless response. Dr. Franklin again blamed me for Dr. Benzoni not being at the meeting using almost the exact same words at Dr. Akins. She said there was no conflict of interest because nobody on the APC or appeals committee gained anything personally from me leaving the school. (As though my leaving was the only possible benefit for any of the members, and personal gain is the only type of conflict of interest)

I knew after reading the letter that I was defeated. There was no one else at DMU I could turn to

for answers. I worked my way to the top of the food chain and found the same apathetic liars on every level.

It was disappointing, but also a little freeing. Being able to accept that DMU would never be honest and straight-forward with me gave me the freedom to move on with no regrets.

The only thing worse than being a dismissed student who can't get a straight answer is being a current student who has to trust these administrators at DMU with their future.

My only regret, in the end, is that I attended DMU in the first place.

Chapter 18 -

Here is where my story with DMU ends.

Since that last letter from Dr. Franklin, I haven't had any contact with DMU. I'm still not satisfied with the behavior of the faculty, and I do feel like they acted in bad faith throughout the process.

For a while, I had a lot of animosity for the Anatomy department at DMU. The Anatomy curriculum was an oppressive force for the entirety of my time at the school. Then, the Anatomy faculty failed me in two courses putting me on the path to dismissal. The chair of the Anatomy department voted to expel me, and an associate professor of Anatomy affirmed that decision via the Appeals Committee.

If I had decided to go to ARCOM, I would probably be starting residency right about now.

I have come to realize that there's no point in dwelling on it. I should just be happy that I got out of DMU without becoming a doctor of killing myself. I'm part of a very small group of people lucky enough to get free.

Maybe another school would have allowed me to become a doctor. The best I could hope is that a different school would have kept me from realizing that the emperor's physician has no clothes.

Chapter 19 – Written March 2024

So that's my story. There was an epilogue here that I wrote back in 2019, but it doesn't say what I want it to now.

I do not think I have the ability to succeed in an academic environment like Medical School. I'm specifically not singling out DMU here. Rote memorization is not my strongest skill. Flash cards are only minimally effective in helping me learn. It's just not how I process information.

Yet, everything in Medical School seemed designed to be learned from flash cards. I was constantly looking for a big picture and constantly failing. There is no big picture in medical school. It doesn't matter what school you attend.

I believe that any subject worth studying is like a puzzle. Everything you learn is a piece of the puzzle. Teaching should be focused on how those piece fit together and how you can interpret what you're seeing.

Medical school was a million piece puzzle with no picture on it. Practice exams were weird because you could encounter a question you don't know, go look up the answer to that question, then only have the skill to answer that exact question again. Practice exams were kind of a self check to see if you had enough facts collected, they didn't actually help in learning material. (Although I don't think what happens at DMU could reasonably be called 'learning'.)

I met with the neuroanatomy professor at DMU twice after failing both the first and second tests to get an idea of what I did wrong. We went over the questions I missed one by one. It was frustrating. She would come to a question, then she would bring up the slide from

the lecture that had the answer and show it to me. (I also scheduled a third meeting before the final exam to review material, but she never showed up. I have the emails about this, but they aren't worth reading.)

There was no discussion about my understanding of the material because there was nothing to understand. It was a collection of data that was there to be recalled on command. The puzzle was a blank piece of cardboard with pieces that didn't fit together.

It boils down to this:

I do not think everything that happened at DMU was above board. I believe I was screwed by institutional failures and a school that is fundamentally unable to help struggling students.

At this point, nearly 7 years since I started medical school, I'm not going to keep belaboring the point or calling out people specifically. It's a waste of my time.

To be clear, I don't think I was targeted or that anything done by the APC was personally motivated against me. I don't think any of the people who decided to oust me really knew or cared who I was. Their motivations were probably more focused on how it would affect DMU's standing if I failed boards or didn't match into a residency. My dismissal was just a chance to prune a struggling student before I had the opportunity to threaten their residency match rate. Nothing more.

It doesn't matter now. I'm actually glad I don't have to play those games with those people. If I had been allowed to retake those courses, and then had somehow graduated and become a doctor, I could never tell any of the stories in this book. If I were a physician, I would have to tow the line just like everybody else.

Pursuing a career in healthcare was something I considered after leaving DMU, but only for a short time. When the dust settled from the insanity of DMU, I found that the idea of working in any healthcare environment sounded awful. I never wanted to interact with anything related to healthcare again. Even now, years later, I still hate even being a patient. I avoid going to see a doctor/provider as much as possible. There's no way I could go to the effort of getting a PA or NP degree and then spend my career in a clinic.

I could go on and on here. I have some seriously negative views on medical education and healthcare. Every time I try to write about why, it devolves into a rant about the high cost of healthcare and the need for universal healthcare in the US. You can get those opinions anywhere.

Paul Strickler
April 2024

I purchased the domains desmoinesuniversity.org and desmoines.university for the lulz. You can find the latest version there.

I set it up so that any emails sent to admissions@desmoinesuniversity.org will forward to my personal email address. This was also done for the lulz, but can be used to get in touch with, too.